ANNUAL REPORT -- 1997

OPTIONS FOR FAMILY CARE

a contract funded by the U S Agency for International Development, implemented by John Snow, Inc

ANNUAL PERFORMANCE REPORT

Project	Options for Family Care
Contractor	John Snow, Inc
Contract #	279-0090-C-00-5516
Reporting Period.	January 1, 1997 to December 31, 1997
Report #	Q-12/A-3

Section I - CONTRACTOR'S REPORT

A. Narrative:

1 Background

The Options for Family Care Project (OFC) is a cooperative effort between the United States Agency for International Development and the Government of the Republic of Yemen to address problems associated with poor maternal and child health (MCH) and rapid population growth

Poor maternal and child health status and rapid population growth are among the most serious problems facing the Republic of Yemen The Yemen Ministry of Public Health (MOPH) has adopted an ambitious Five-Year Plan to combat the sources of maternal and child morbidity and mortality, and to reduce the rate of population growth The OFC Project is designed to support the Ministry's Plan by improving the delivery of services to fight common childhood diseases like diarrhea, measles and acute respiratory infections, and poor maternal and child health resulting from high risk pregnancies and low utilization of family planning services

The Goal and Purpose of the OFC Project are

Goal "To improve Yemeni family health and welfare", and

Purpose "To increase use by Yemeni women and children of health services in target governorates"

Under this Project, USAID executed a contract with John Snow, Inc (JSI) on January 10, 1995 In the months following contract execution JSI and USAID/Yemen discussed and planned for a variety of changes to the contract scope of work which would have focussed efforts more directly on a number of specific MCH/FP service delivery problems, expanded the geographic scope of the project to include a total of four governorates, and lengthened the time frame of the contract from three to five years This anticipated contract amendment was dependent on USAID/Yemen's revision of its own Strategic Framework This revision did not occur as planned, and

the contract was therefore not amended in 1995 as anticipated Nonetheless, the JSI team planned and began to implement contract activities based on agreement with USAID/Yemen concerning the likely nature of the anticipated Contract amendment The Contract Master Plan and the 1996 Annual Workplan -- developed in close collaboration with Ministry of Public Health (MOPH) colleagues -- reflect this agreement, and served to guide Contract implementation through the first half of 1996

As USAID/Yemen continued without success to redefine its Strategic Framework, USAID globally began to experience the most serious funding crisis in its history Draconian cuts were made in project and operating expense budgets, many USAID Missions around the world were closed, and plans were made to close additional Missions In April, 1996, USAID announced its plans to close the Mission in Yemen on September 30, 1996 It was not clear during the months between April and September whether or not the JSI Contract would be continued or terminated

In July and August, 1996, USAID/Yemen staff collaborated with their colleagues from USAID/Washington and USAID/Cairo in finalizing plans for the continuation of USAID-funded activities after Mission closure on September 30, 1996 Agreement was reached with JSI on a scope of work, workplan, and performance indicators for an amended contract which would extend through September 30, 1998 The contract amendment was finalized in October, 1996 in coordination with the Regional Contracting Officer from USAID/Cairo The scope of work is summarized by a new "Health Sector Special Objective" which defines the Special Objective, Intermediate Result, and Lower Level Results for the contract Albeit narrower and of shorter duration, this scope of work is largely consistent with the work that the JSI team had been implementing over the first eighteen months of the contract

This report summarizes activities and accomplishments under Contract No 279-0090-C-00-5516 between USAID and John Snow, Inc during the calendar year 1997, and is prepared in accordance with the standard reporting format issued by USAID Based on the results of contract activities during 1997, no changes are proposed in overall activity strategies or in critical assumptions

2 Expected Results

The **Special Objective** is

"Improved quality and use of integrated MCH/FP services in 22 Health Centers in three governorates"

The **Intermediate Result** is

""Health Center Improvement' model in 22 Health Centers in three governorates established and documented"

The three **Lower Level Results** are

1 "Sustainable female staffing established in centers in three governorates"

2 "Minimum quality standards for centers in place in four[1] governorates"

3 Community and individual participation increased in three governorates"

This report contains details of activities undertaken to achieve the Special Objective, Results, and the associated targets

[1] This Lower Level Result includes activities in Lahj Governorate, which are generally restricted to renovation and equipping of health centers, training of existing staff, and technical assistance to health centers Under the amended Contract, all OFC activities in Lahj were completed on September 30, 1997

3 Core activities during this reporting period

Summaries of core activities during the period -- including the results of evaluation and monitoring activities, problems encountered and solutions introduced -- are grouped under the Lower Level Result to which the activities contribute

Lower Level Result 1 "Sustainable female staffing established in centers in three governorates"

> *Achievement of this Lower Level Result will mean that the number of female health care providers at target Health Centers will be increased, and a decentralized training system will be established that can better sustain the future training and support for those providers and for replacement providers as needed*

a Special support for training midwives in Hajjah governorate

The two-year period of OFC support for trainers at the Hajjah HMI, which has resulted in the training of 30 new midwives (a ten-fold increase in the number of midwives in the governorate), ended in September .997 According to the original agreement among USAID, JSI/OFC, the Hajjah Health Office (HO), and the Hajjah Health Manpower Institute (HMI), the HO/HMI were to have prepared two local trainers to assume responsibility for future training by the time OFC support ended in September Because of concern that two qualified trainers might not be available, JSI/OFC asked the HO/HMI to prepare a plan for adding a second trainer, including any short-term support that might be needed from OFC During the fourth quarter of 1997, however, the HO/HMI were able to identify trainers and support them without continuing assistance from OFC

b Participation in MOPH Midwifery Training Taskforce

JSI/OFC's training of community midwives is part of the Ministry's larger, nationwide effort to increase the number of female health care providers OFC has contributed to this effort in a variety of ways During 1997, encouragement and technical input was given to the Ministry in producing a set of guidelines for decentralized training, making more explicit the policies, procedures, and institutional responsibilities for supporting the training

Of special significance during the last quarter of 1997 was the MOPH decision to extend all community midwife training by an additional six months While this additional time will, in principle, allow for improved didactic and practical

training, it means that JSI/OFC will not be able to support the completion of training within the term of the contract At the end of 1997, discussions were continuing among the MOPH, JSI, and USAID to determine how the financial and technical support for training will be continued after September, 1998 Possibilities include finding a mechanism for using USAID funds after that date, or securing other donor support

c Community midwife training at decentralized training centers

Training at all OFC-supported community midwife training centers began in April 1997, after completion of all preliminary activities, including renovation and equipping of centers and training of trainers The training progressed satisfactorily during the rest of 1997, with constant, intensive support from JSI staff and consultants

The community midwife training centers are

Hadramaut	1	Seyoun MCH Center (located within Seyoun Hospital)
	2	HMI in Mukulla (serving Mukulla and Al Shaher Districts)
Hajjah	1	Shagadirah MCH Center
	2	Mabyan MCH Center
	3	Ku'aydinah MCH Center
	4	Mahabisha MCH Center (for upgrading of Female Primary Health Care Workers -- *murshidat* -- to become Community Midwives)
Hodeidah	1	Al Marawa'a MCH Center
	2	Bait Al Faqih MCH Center
	3	Al Zohorah MCH Center

Decentralized training of this magnitude and complexity has little precedent in Yemen Dealing with the many problems that arise requires substantial time and energy from managers and supervisors JSI/OFC staff and consultants have assumed this problem-solving burden in collaboration with MOPH staff and community boards Recognition and documentation of these problems and approaches to their solution will be important to the MOPH as it assumes more direct responsibility for training activities in the future

- It became apparent early in the training that the new curriculum for training community midwives provides little detail for the preparation of lesson plans, and there is a scarcity of reference material in Arabic to aid both trainers and trainees Lacking the time or resources to formally complete the curriculum, JSI/OFC undertook a variety of "stop-gap" measures to ameliorate these weaknesses This included the provision of supplementary reference materials, and most significantly, the provision of technical assistance and in-service training to trainers While future training efforts will benefit from the supplementary materials, lesson plans, and testing materials assembled by OFC, a worthwhile effort for a future donor would be the

improvement and expansion of the curriculum This would enhance quality and consistency of the training In addition, the need for frequent, skilled supervision of the training cannot be over-emphasized

OFC-supported training centers continue to serve as models for such centers in other parts of the country Consultancies by Dr Soheir Stolba produced a design for a supervision system for the training which can be adopted by the Ministry The level of support -- both supervisory and logistical -- being provided by OFC is generally not available at training sites in other governorates, which should result in higher quality training at OFC-supported sites

- For a variety of reasons, trainers are not always able to remain at their assigned centers for the duration of training Personal or family problems led to the resignation and/or reassignment of four trainers during 1997 Two additional trainers (from Bait Al Faqih) were dismissed when it became apparent that they were unable to work together, leading to reductions in the quality of training and of associated MCH service delivery While every effort should be made, as JSI has done, to assign trainers to centers where they will be able to remain and to provide ongoing support both professionally and personally, some attrition is inevitable It is therefore important, again as JSI has done, to continue the recruiting of trainers even after the commencement of training and to conduct "mini-TOTs" to prepare new trainers to take over in mid-course One such mini-TOT was conducted in August 1997 The August session consisted of twelve trainees from which were drawn one trainer for the Mahabisha upgrade course, one each for the Moharaq and At Tur murshidat course, and two replacement trainers for Shaghadirah The remaining participants were judged not acceptable as trainers based on their performance in the mini-TOT A second session was therefore planned for January 1998, in order to identify two new trainers for Bait Al Faqih, and one each for Mahabisha, Moharaq and At Tur

- Training program managers also have to be prepared to deal with trainee absenteeism and poor performance While MOPH policy on these issues is clear (particularly with the recent distribution of written guidelines), there is often reluctance on the part of Health Offices and HMIs to enforce them str ctly Since JSI properly defers to the MOPH/HMI supervisory system to make and enforce these types of decisions, constant follow-up with written notification of all parties has been required to prevent absenteeism and poor performance from reducing the overall quality of training

- Follow-up with communities to assure their continuing contributions to the training according to the Community Partnership Agreements

remains a labor-intensive process for JSI/OFC staff Similarly, the resolution of day-to-day problems (e g , water and electricity availability) requires substantial staff time Increasingly, however, staff are passing responsibility for resolving these types of problems to the communities and Health Center Directors, who will ultimately have to independently resolve these problems in the future Community support for the training improved substantially throughout 1997, with most communities providing the inputs (such as stipends and housing) agreed to in the Community Partnership Agreements

- Few decentralized training centers have sufficient delivery caseloads to allow trainees to meet the minimum requirement of attending 20 deliveries (A class of 20 trainees requires 400 deliveries) Thus, a complex process of taking trainees to other, higher volume facilities is required, as well as maximizing the number of on-site deliveries by increasing outreach efforts JSI's planning for this practical training in maternal care culminated in the last quarter of 1997 in the development of a necessarily complicated schedule and logistical plan (see Appendix 3) This, like other training-related activities, requires substantial staff effort for planning and execution

d Additional pre-service training activities

During the last quarter of 1997, all preparations for *murshidat* training at Bani Qais (At Tur) and Al Moharaq in Hajjah Governorate were completed and training commenced (As reported previously, community midwife training is not possible at these very poor locations because of a lack of young women with secondary education) In Al Moharaq, twenty trainees began the course on December 21, and an additional twenty trainees began training in At Tur on November 21 The MOPH decided to extend the timetable for this training from nine months to twelve months JSI will therefore be unable to complete this training during the life of the contract Support for this training is included in the post-September 1998 planning described above

OFC assistance to the Hadramaut HMI includes support for a training program for supervisors of community midwives This training progressed well during 1997, and will be completed in April 1998 The presence of larger numbers of trained providers in Hadramaut led to the decision to strengthen supervision in the governorate, complementing the community midwife training in Seyoun and at the HMI Ten community midwives are attending the course The OFC-supported facilities from which they are drawn and their projected supervisory assignments following training are as follows

NAME	PRIOR ASSIGNMENT	PROJECTED ASSIGNMENT
Thikra Salem Hantwi	Shaher Hospital	Shaher Hospital
Kareema Robia Maknoon	Shaher Hospital	Shaher MCH Center
Afrah Awadia Algabri	Al Hami Health Center	Al Hami Health Center
Afrah Saeed Badhress	Ghail Bawazir Health Center	Ghail Bawazir Health Center
Mona Yeslam Bin Saegoon	As Shuheir Health Unit	As Shuheir Health Unit
Munira Mohammed Bawazir	Mukulla MCH Center	Mukulla MCH Center
Fawzia Salem Al Somahi	Mukulla MCH Center	HMI Mukulla
Asmahan Saeed Basseed	Mukulla Hospital	Mukulla HO Supervisory Team
Zahra Mabrook Makee	Mukulla MCH Center	Mukulla MCH Center
Radhiam Salem Mareg	Mukulla MCH Center	Mukulla MCH Center

The implementation of community midwife training at the Hodeidah HMI continues to be on hold pending the agreed-upon inputs of the central MOPH and the Hodeidah Health Office (A written agreement, analagous to a Community Participation Agreement, was prepared and signed by all parties) Despite JSI's meeting of its obligations under the agreement, and constant follow-up by JSI/OFC staff, the necessary pre-requisites for the training to begin (including the identification of trainees) have not yet been accomplished Part of JSI/OFC obligation under the agreement was to support those trainees selected by the Health Office and HMI who are from districts supported under the OFC project Trainees from non-OFC districts would be supported from other MOPH resources JSI has continued to offer its support for this training through the end of the OFC contract, should the Health Office and HMI be able to initiate it in 1998

Lower Level Result 2 "Minimum quality standards for centers in place in four governorates"

Achievement of this Lower Level Result will mean that target Health Centers are enabled to deliver services of significantly higher quality through improvements in facilities, equipment, skills of staff, and clinical and management practices This should result in greater utilization of MCH/FP services

a Renovation of Health Centers

Renovation work on all OFC-supported Health Centers was completed during 1997, including Al Moharaq, At Tur, Ash Shahel, and Hajjah Hospital MCH Centers in Hajjah governorate, and the Al Thowra Hospital MCH referral center in Hodeidah governorate, which were completed in the fourth quarter Final inspections revealed problems at some centers, which were resolved in cooperation with the contractors For all OFC-supported sites, the contractors' work is guaranteed for a period of one year, so the quality of renovations will be continuously monitored throughout the remainder of the contract Quality of the renovation work in general was quite high, attributable to careful preparation of initial specifications, rigorous selection of contractors, and close monitoring by JSI staff and the engineering consultant Renovation costs by governorate were as follows Hadramaut -- $86,790, Hajjah -- $163,551, Hodeidah -- $161,621, Lahj -- $129,087

b Clinical equipment procurement, distribution, and training

The complex process of procuring and distributing clinical equipment was completed in 1997 In keeping with a performance-based approach to assisting health centers and with the OFC strategy of promoting community participation as a means toward greater sustainability, JSI had intended to make the delivery of equipment contingent upon the community's fulfilling their responsibilities under the Community Partnership Agreements While this approach was successful in part, resulting in greater responsiveness in many communities, JSI was unable to strictly enforce this approach and still achieve the goal of making equipment available to all centers Without the equipment, of course, service quality would suffer

Distribution of limited equipment to sixty health units associated with OFC-supported health centers will be carried out in early 1998 Each of these health units share the characteristics of being within the supervisory jurisdictions of OFC -supported health centers and having trainees at OFC-supported training

centers Of the sixty health units, 46 do not presently offer MCH services With the arrival of newly trained community midwives after graduation, all of them will provide MCH services This distribution of equipment has been purposely delayed since most of these health units do not presently offer MCH services, and will only do so upon the graduation of community midwife trainees A list of the health units and of the equipment to be distributed is attached as Appendix 4 With the MOPH decision to extend the duration of community midwife training beyond the duration of the OFC contract, it will be necessary to package and mark the equipment for each health unit and leave it with the governorate Health Offices for distribution to the health units after the graduation and arrival of the new community midwives In the first quarter of 1998, JSI will directly distribute the equipment to those 14 health units which are already providing MCH services

The delivery of equipment to health centers was followed by training in the appropriate use and care of the equipment It became apparent that training was needed not only for the more sophisticated equipment (such as Dopplers and sterilization units), but also for the simpler equipment (such as weighing scales and delivery kits) It has also become apparent that one-time training is not always sufficient for staff at some health centers to grasp the principles behind the care and use of equipment This training will therefore continue during future technical assistance visits, and staff performance in the use and care of all items will be closely monitored

Some of the equipment purchased is of lower quality than expected Examples are the baby cots (procured from the U S) and the examination tables, filing cabinets, and privacy screens which were purchased locally Problems include weakness in the frames and fabric of the baby cots, lack of stability and difficulty in removing fabric for cleaning in the privacy screens, poor construction of the filing cabinets, and a tendency to rust on the examination tables (especially in the more humid areas) Another problem encountered was damage to some items in transport from Sana'a to field sites There is no entirely satisfactory solution to these problems short of replacing all defective or damaged items at considerable expense The cost of replacing defective items is being investigated, as well as other practical ways to address as many of the problems as possible This includes reinforcing the baby cots, investigating the cost of replacing the screen fabric with plastic, investigating the cost of procuring rust-preventing coating for some items, and a proposal (see next paragraph) for purchasing new filing cabinets While the imported equipment was from standard lists and suppliers (the UNICEF catalog was the primary source of specifications), and while locally procured equipment was of the best quality that could be procured within budget limitations, the difficulties described above point to the future need for larger budgets for equipment, more careful selection of individual items, and larger budgets for and more care in packing/shipment to sites

JSI's introduction of this new equipment, as well as the more general experience of assisting health centers, has revealed additional needs for equipment which were not apparent earlier in the project and the need for additional quantities or replacement of some items already provided A revised contract budget submitted to USAID in the last quarter of 1997 includes funds for these important needs The list of equipment proposed is attached as Appendix 6 A few items of low cost which could be purchased within the existing budget were procured and distributed late in 1997 For example, trash barrels which can be used for incineration were provided to a number of centers which lack adequate means of waste disposal While incineration is perhaps not the ideal means of disposal, it represents a low-cost "technology" vastly superior to the typical practice of allowing sometimes hazardous waste to accumulate in and around centers

c Development and introduction of clinical and management protocols

Protocols/checklists designed to improve the quality of clinical practices and the management systems that support them were introduced and field-tested during 1997, as well as MCH/FP standards developed by the MOPH which were introduced at OFC-supported centers in the last quarter of 1997 The JSI/OFC-developed tools are for infection prevention, prenatal care, postnatal care, delivery, health education and rehydration, family planning, service facility evaluation, HMIS, and equipment for each service delivery area JSI/OFC staff, along with Health Office supervisory staff who accompany them on site visits, use these tools for monitoring of service delivery practices and as the basis for technical assistance to improve services Service providers utilize them as reference and self-monitoring tools by posting them on the walls of the appropriate service delivery areas JSI/OFC and USAID will continue to review these protocols/checklists to determine what changes in content and format will better serve the needs of service providers A technical assistance visit by Dr Zein Khairullah of the Association for Voluntary and Safe Contraception in the last quarter of 1997 proved useful in validating and improving the protocols/checklists JSI/OFC and USAID will continue to review these protocols/checklists to determine what changes in content and format will better serve the needs of service providers, and to obtain USAID approval of the final products All of these materials have been and will be made available to the MOPH for possible nationwide adoption

In addition to the protocols and checklists developed by OFC, the MOPH produced a booklet of "MCH/FP Standards" which the Ministry will begin to introduce late in 1997 and into 1998 JSI/OFC, in cooperation with the Ministry, pilot tested these standards beginning in the last quarter of 1997 by also using them as the basis for technical assistance as described above Taken together, these standards, protocols, and checklists will form the basis for improving and maintaining quality MCH/FP services

For purposes of internal monitoring and for reporting on contract Indicators

2 1 and 2 2, two summary checklists were also introduced in 1997 The first is to assess the quality of the health center facility and equipment, and the second is to determine whether or not minimum standards of service quality are being maintained as the various MCH/FP services are being delivered These checklists were field tested and revised during the last two quarters of 1997, and the results are recorded in the Performance section below as data for Indicators 2 1 and 2 2 Copies of these checklists are attached as Appendix 5

d Clinical technical assistance

As 1997 progressed, JSI staff were able to give greater emphasis to on-the-job clinical technical assistance In the first half of 1997, JSI and USAID agreed that on-the-job training was more important and effective than the approach of conducting off-site clinical training "workshops" which attempt to teach skills and practices which are often not carried back to the worksite This shift in emphasis meant that clinical staff spent more time with providers at health centers in the latter half of 1997 As always, JSI staff involved Health Office MCH supervisors in these visits to the maximum extent possible

JSI/OFC technical assistance and monitoring, the completion of health center renovations, the distribution of clinical equipment and furnishings, and the greater visibility afforded to centers by community participation efforts and the community midwife training have combined to bring more clients into the centers and to improve the quality of care that they receive As a result of these improvements, the total volume of client visits at all OFC-supported centers increased substantially from the first half of 1997 to the second (as evidenced by visits for DPT/polio immunization, antenatal visits, and family planning)

	January - June 1997	July - December 1997	% increase
DPT/polio immunizations	4690	5471	16 7%
Antenatal visits	7383	9034	22 4%
Family planning (CYP)	2149	2394	11 4%

Despite these increases, many problems demand more attention and much work remains to be done Caseloads did not increase as expected from the 3rd to the 4th quarters of 1997 Outreach visits, while on the increase, are still not an established, routine part of health center activity Family planning remains a service accepted by relatively few Yemeni couples Providers need to better internalize improved service delivery practices so that these practices will continue after the end of OFC assistance Health Office supervisors and health center directors need to provide better supervision and logistical support to services

Some of these problems are entrenched in larger health system weaknesses and cultural characteristics, and are not solvable in any fundamental sense by a relatively short-lived project such as OFC However, in demonstrating and documenting the Health Center Improvement Model, JSI/OFC has shown that substantial improvements can be made even in the short term All of these problems are being addressed in realistic ways that show results, and point to a pathway for future improvements in MCH care Some of the specific ways that JSI staff are carefully targetting clinical assistance to address these problems are summarized in the Performance section below

e Management improvements

Parallel with clinical technical assistance, JSI/OFC has provided important assistance in improving management practices, both at the health center and Health Office levels In 1997, this assistance stressed such issues as data collection, use of data for management decision-making, drug and supply system management, staff supervision, and day-to-day management by Center Directors through the following means

- Improved data collection practices, realized through frequent technical assistance to service providers who utilize the health management information system, are evident at all OFC-supported sites
- The first step in utilizing this data for monitoring and improving services is to have service providers and Directors pay attention to performance over time In the second half of 1997, providers began to graph performance on selected indicators and post them prominently in the health centers JSI/OFC staff review the indicators with providers and Directors during technical assistance visits
- Center Directors were provided with continuing advice and encouragement in managing the basic functions of their facilities, including drug supply, supervision, and center operations (such as water supply, electricity, and cleaning) While performance remains uneven from Director to Director, and within centers over time, these management functions have shown clear improvement since the beginning of OFC assistance

A fundamental management problem in Yemen, which it shares with many countries at a similar level of development, is the inability of many people in managerial positions to recognize, accept and take responsibility for solving problems (To be sure, many problems are of a nature that cannot be solved by individuals managers such as health center Directors, but failure to take this responsibility often extends to "solvable" problems as well) The JSI approach to addressing this basic problem has been to demand improved performance as a condition of continued assistance, and to work with managers to identify solutions to solvable problems, but generally *not* to solve the problem for them This approach is very labor-intensive and time-consuming, and can be very frustrating on both sides, but avoids two common pitfalls in development

assistance a) where development assistance personnel become *de facto* managers of host country programs, usurping the responsibilities that belong with local managers, and b) where local managers fail to learn improved management practices because someone else is making decisions and taking actions for them

This approach will be continued and reinforced by the Management Advisor s series of management workshops, to be conducted at the governorate level in early 1998 The planning and materials development for these workshops was completed in 1997, and are available in JSI and USAID files Health center Directors, Health Office supervisors, and community board representatives will participate in exercises designed to address practical problems of health centers, including development of job descriptions, supervision plans, and management problem solving An associated activity will provide training in financial management designed to improve health centers' user fee systems

f Completion of assistance to Lahj Governorate

JSI/OFC assistance to Lahj came to an end in September, 1997 This assistance has had a substantial, measurable impact on the delivery of MCH/FP services there Six health centers have been renovated and equipped, service providers have benefitted from on-the-job training and technical assistance, the Health Office and HMI have received important infrastructural support, and JSI staff employed in Lahj will carry their experience back to Ministerial jobs A more complete summary of this assistance and its impact can be found in the previous quarterly report, as well as in the Resident Advisor's reports in JSI files

Lower Level Result 3 "Community and individual participation increased in three governorates"

Increased community and individual participation and support for health services is the foundation for sustainable improvements in health status Achievement of this result will mean the demonstration of a model whereby communities assume greater ownership and control over the health care service, thus relieving the government of some of a burden that it cannot effectively bear

a Community meetings and board organization

JSI/OFC continued to facilitate community meetings throughout 1997 While the implementation of Community Partnership Agreements and associated problem-solving demanded the most attention for most of the year, the focus toward the end of the year began to shift to longer-term concerns of board organization, procedures, and future activity planning Using a set of guidelines for board formation, membership and operation, the Community Participation Advisor and the governorate coordinators began to wean communities away from donor assistance and toward independent functioning Among the issues emphasized with the boards are increasing the involvement of women on health boards and in associated activities, assisting in the development of board policies and procedures, and assisting in the definition of self-determined action agendas for the future While it is essential for boards to set their own agendas, JSI/OFC staff provide suggestions for specific, useful roles that the boards can play, such as monitoring the continuing presence and maintenance of clinical equipment provided by JSI To that end, boards are provided with lists of the equipment and furnishings provided

During the last quarter of 1997, the Community Participation Advisor completed plans for a series of in-community workshops to be held in early 1998 which will formalize the future plans of each community board These two-day workshops will be the occasion for each board to set out and agree upon their plan for future support to health centers and health promotion activities independent of OFC or other donor support

While there is substantial variation among communities, and while it is difficult to quantify, there is now in many communities a sense of participation and of ownership of the health facility It is not uncommon for community board members to visit health centers to see what is going on, to offer assistance, and to suggest improvements As the government implements its policy of decentralization, and as community boards, health centers, and Health Offices (with assistance from JSI) better define their roles and responsibilities for supporting health services, this sense of ownership should help insure the sustainability of improvements in MCH/FP

b Development of Community Partnership Agreements (CPA)

In 1997, JSI completed the process of developing Community Partnership Agreements for each OFC-assisted health center Two additional agreements were signed in the last quarter of 1997 with the Hajjah MCH Center and As Shahel MCH Center This brings the total number of agreements signed and operational to 24, which includes agreements (modeled on the Community Partnership concept) with the Hajjah and Hodeidah HMIs

c Implementation of the terms of CPAs

By the end of 1997, all communities were in substantial compliance with their obligations under the CPAs, which are largely related to support for community midwife training With many communities, this support is now routine and self-directed, while others continue to require frequent follow-up by OFC staff Thus, concern has shifted over time from whether or not a community will meet its obligations, to whether or not the relationship formed among communities and their health centers will be sustained beyond the life of OFC There is cause for optimism for most communities in Hadramaut and Hodeidah, where community boards have diverse membership and authority is shared among many members, and where boards have independent interests in health which lead to meaningful contributions The prospects are less optimistic for most communities in Hajjah, where boards tend to be dominated by powerful community leaders, and where interest in contributing to health care tends to be more dependent on significant outside (donor and government) contributions

Nevertheless, communities in all governorates are seeing the tangible benefits that can accrue from the community partnership concept, including donor support, increased attention and support from the governorate Health Office, and from their own contributions While implementing CPAs may be more difficult in some places than others, and while it may take longer in some places to achieve a self-sustaining relationship between the community and the health system, the concept has worked in all of the varied communities in which OFC has tried it The CPA is thus a useful mechanism to begin to move communities away from complete dependence on government and donor resources to provide their health care needs

d Planning for more effective user fee systems

As has been reported previously, the MOPH has been working with donor assistance since late 1996 to develop and implement a cost recovery/cost sharing scheme which would address legal/constitutional concerns and would provide meaningful income from services In late 1997, the necessary legal documentation was prepared for review by the national cabinet, and guidelines for the operation of the system were simultaneously published Thus, a legally-recognized system for user fees with more consistent guidelines is closer to reality JSI/OFC provided technical input to this process through the participation of both the Management Advisor and Chief of Party in a number of Health Sector Task Force meetings at which the development of the cost

sharing system was discussed, and through the submission of technical comments on draft versions of the cost sharing proposal In addition, USAID/OFC was represented in the development of the cost sharing proposal through the COTR's membership on the Health Sector Task Force

Meanwhile, the existing "system" continues, whereby Health Offices and health facilities charge different amounts for different services, and where the resulting revenue is used for different purposes While awaiting the necessary national-level changes, JSI/OFC continued with plans to provide specific technical assistance to health centers in improving their fee systems in particular, and their internal financial management in general An effective, simple financial management system used at health centers supported by the Hodeidah Urban Primary Health Care Project (Dutch-funded) will be introduced at OFC-supported sites in 1998

3b Other events affecting the contract

a MOPH changes

As has been previously reported, the MOPH has undergone major changes in the aftermath of the April 1997 elections Evidence of new MOPH policies and priorities emerged during the year which could have important positive implications for the contract, and, more importantly, on the future of health services in Yemen Some of these emerging priorities are an increased emphasis on MCH/FP, decentralization of authority and resources to the local level, development of explicit policies on cost recovery, greater attention to management reform, and emphasis on public/private partnerships and community participation

Changes also occurred at the governorate level with the appointment of a new Director General of Health in Hajjah Governorate As late as December 1997, the possibility of additional governorate-level staff changes continued to be rumored

b Staff changes

In 1997, JSI lost two key staff members with the resignations of Clinical Advisor Dr Nagiba Abdulghany, who resigned effective June 30 to become Director of the MCH Division of the MOPH, and of Hajjah/Management Advisor Ms Susan Klein, who resigned effective April 16 to return to work at JSI/Boston The new Clinical Advisor is Ms Debra Penney, a senior nurse-midwife with extensi e experience in Yemen, who arrived October 1 The new Hajjah/Management Advisor is Mr Allan Weinstock, a senior management specialist, who arrived September 10

JSI's ability to provide even more intensive clinical technical assistance was enhanced by the re-assignment of Dr Iman Al Nakib, who had done outstanding work as OFC Advisor to Lahj, as Clinical Specialist in the Sana'a office

Mr Saleh Hakımı, who has served JSI/OFC very effectively as the Community Participation Coordinator in Hodeidah, resigned in late 1997 and was replaced by Mr Abdul Majid Al-Amery

Ms Janne Hicks, who had served as Program Specialist, relocated with her family to the United States on July 16 and was replaced by Mr Hussein Abdulghany Al-Saqqaf, who had previously served as the JSI Office Manager The new Office Manager is Mr Ghassan Abbas

Dr Abdulhalim Ayash Ahmed was appointed in December 1997 to assist Allan Weinstock in conducting management training and follow-up activities

c Donor coordination

By arrangement of USAID/Yemen staff, USAID, JSI/OFC staff and representatives of the Japanese Embassy undertook joint site visits to several OFC-supported health centers and governorate offices in 1997 The Japanese Embassy has a small grants program which could be utilized to provide support in the form of equipment to some health centers Specific information was gathered during the site visit concerning equipment needs that would complement the support being provided by OFC An October 1997 visit to the Japanese Embassy by Mr Michael Burkly of JSI/Boston provided additional impetus to these discussions about possible contributions to MCH activities in OFC-supported governorates The Embassy expressed tentative interest in providing vehicles for MCH supervision This led to the submission of a "concept paper" by JSI to the Embassy providing a request for a vehicle for each governorate The two principal points of justification used were that the vehicles would a) provide JSI/OFC with additional transportation for supervising project activities until the end of our USAID contract, and b) provide the Health Offices with additional transportation for the supervision of MCH services governorate-wide after the end of the USAID contract At the end of 1997, negotiations on this proposal were continuing with the Japanese Embassy

The renovations at Al Thowra Hospital in Hodeidah to create an MCH/FP referral center were a joint undertaking of JSI/OFC and the Hodeidah Urban Primary Health Care Project, which is funded by the Dutch government

Preliminary discussions were held late in 1997 with the Dutch Embassy and with the United Nations Fund for Population Activities to determine their interest in supporting the continuation of community midwife training at OFC-supported training centers after September, 1997 Also discussed with the Dutch Embassy was the possibility of support for rural health centers in Hodeidah after the end of the OFC contract These discussions will continue in 1998 through the USAID/Yemen office

d USAID/JSI Midterm Review

In September 1997, staff from USAID/Egypt joined staff from JSI/Boston in Yemen for the purpose of conducting a midterm program review of the

JSI/OFC contract Together with USAID/Yemen and JSI/Yemen staff the team visited nearly all OFC target health centers, collecting data on the nature and impact of contract activities to date The review included two meetings among the participants during which the main observations and concerns raised by the review were discussed, and a number of recommendations were agreed upon that are significant to the achievement of the workplan The report from the review will confirm those observations and recommendations

In a second aspect of this review, two financial management specialists from USAID/Egypt worked with JSI/Yemen staff and the JSI Director of Finance to conduct a review of OFC contract expenditures and financial management procedures Procedures were judged to be excellent, and no significant problems related to contract expenditures were identified

e Ambassador David Newton

In December 1997, Ambassador David Newton reached the end of his tour in Yemen Ambassador Newton was a strong supporter of assistance in the health sector and of USAID programs, including OFC The help and encouragement that he provided is gratefully acknowledged He is succeeded by Ambassador Barbara Bodine, who has similarly expressed support for development assistance in health and for OFC

3c Current buy-ins

Not applicable to this contract

3d Current subcontracting activities

a Association for Voluntary and Safe Contraception International (AVSC) provides consulting in support of the Clinical Advisor and other consulting related to improvement of MCH/FP services

b International Health and Development Associates (IHDA) provides the Hadramaut Advisor (Dr Salem Ghanem), and related training consultants

c Program for Appropriate Technology in Health (PATH) provides the Community Participation Advisor (Ms Sandra Loli) and related consultants

d The Futures Group provided the technical expertise and computer software to prepare RAPID presentations for Yemen (work completed)

e World Education, Inc (WEI) provides the Senior Technical Advisor (Mr Joe Moyer)

4 Performance

Following are the performance indicators applicable to the revised JSI/OFC contract This section provides a quantitative comparison of contract performance relative the approved workplan Special Objective, and Performance Data Tables Some of this data is also presently graphically in Appendix 1

Special Objective "Improved quality and use of integrated MCH/FP services in 22 Health Centers in three governorates"

Indicator 1 "Percentage of eligible children under one completing DPT/polio series at 22 Health Centers"

Commentary

The volume of immunizations continued to rise during 1997, with the fourth quarter showing an 8 9% increase over the third quarter The annual numbers also continue their increase, with 1997 immunizations increasing by 12 7% as compared with 1996 (These increases at OFC-supported centers are all the more impressive amidst reports of declining immunizations nationwide, a decline attributed to a tragic accident in early 1997 in which a number of children were mistakenly given insulin instead of vaccine) A similar increase in immunizations in 1998 (annualized) would result in meeting the target of 17 5%

Significantly, both Hajjah and Hodeidah governorates exceeded the 17 5% target in 1997, as shown on the graphs in the Appendix Only Hadramaut's relatively low coverage prevented reaching the overall contract target in 1997 The lower numbers in Hadramaut are attributed to two major factors

1) The recent opening of eight health units which are located in the districts where OFC-supported health centers are located These units vaccinated 1,742 children with DPT/polio in 1997 Had these children all been vaccinated at OFC-supported health centers we would have exceeded the 1998 target in Hadramaut and for the project as a whole Clearly, the opening of new MCH service delivery points is a welcome development, even though contract indicators might suffer as a result

2) The coverage rates within the actual catchment areas at several centers in Hadramaut governorate is very high Mukulla MCH - 97%, Shaher - 84%, Ghail Bawazir - 95%, Al Hami - 94%, Shuheir - 83% Only Addis As-Sharkiya has a relatively low coverage rate of 60% Unvaccinated children at these high coverage centers are relatively more difficult to reach and are of course few in number

Efforts to increase coverage in all governorates in 1998 will focus on the use of outreach visits to immunize children who might not ordinarily be brought to centers for immunization

During November, the MOPH conducted a nationwide campaign for the eradication of polio through the introduction of wild virus vaccine JSI/OFC contributed to this campaign by making staff and OFC vehicles available for both three-day campa gns, which achieved very high levels of coverage throughout the country It is reasonable to assume that some children who might ordinarily begin or continue to receive the series of three DPT/polio vaccinations may not be vaccinated because of perceptions of immunity as a result of having been vaccinated during this campaign During the campaign, however, vaccinators were to have specifically encouraged clients to bring their children to health centers/units for DPT/polio Thus, there are elements of the campaign which could have either positive or negative effects on the routine provision of DPT/polio vaccine at OFC-supported health centers

First Quarter 1997	Second Quarter 1997	Third Quarter 1997	Fourth Quarter 1997
3 31% (2,098 immunizations)	4 09% (2,592 immunizations)	4 13% (2,619 immunizations)	4 50% (2,852 immunizations)

Baseline -- 1995	Annual -- 1996	Annual -- 1997	Target -- 1998
13 60% (8,053 immunizations)	14 73% (9,018 immunizations)	16 03% (10,161 immunizations)	17 50%

Indicator 2 "Number of antenatal visits per pregnant woman at 22 Health Centers"

Commentary

While the number of antenatal visits per woman in 1997 continued to be below contract targets, the total volume of antenatal visits at OFC-supported centers increased by 19 5% in 1997 as compared with 1996 Increases in Hajjah and Hodeidah from 1996 to 1997 were particularly great, at 76% and 61%, respectively

As compared with the 1995 baseline antenatal visits, volume in Hajjah increased by 39% and Hodeidah by 17% in 1997, while Hadramaut declined by 11% For the project as a whole, antenatal visit volume declined by 2% in 1997 as compared with 1995 As was described in the 1996 Annual Report, this decline in service utilization is consistent with reports from the MOPH and from other donors that the volume of services has declined throughout the country The explanation most often put forward for this is that the economic situation prevents many poorer clients from seeking services because of lack of transportation or lack of funds to purchase services or drugs

Both Hadramaut and Hodeidah showed small increases in the number of antenatal visits per woman and Hadramaut exceeded the contract target for the last quarter of 1997 That the number of visits per woman did not rise despite increased volume of visits is attributable to the much larger rise in first visits than in follow-up visits First visits increased by 28% from 1996 to 1997, while follow-up visits increased by 15 4% This disparity is particularly striking in Hajjah, where first visits increased by 132% while follow-up visits increased by 32%

Efforts to increase the number of follow-up visits in 1998 will include a continuation of counselling on the importance of regular antenatal follow-up and specific targetting of antenatal follow-up cases during outreach visits

First Quarter 1997	Second Quarter 1997	Third Quarter 1997	Fourth Quarter 1997
Hadramaut 2 94 Hajjah 2 13 Hodeidah 2 51	Hadramaut 3 40 Hajjah 1 82 Hodeidah 1 81	Hadramaut 3 76 Hajjah 1 52 Hodeidah 2 26	Hadramaut 4 26 Hajjah 2 01 Hodeidah 2 29

Baseline -- 1995	Annual -- 1996	Annual -- 1997	Target -- 1998
Hadramaut 3 65 Hajjah 1 85 Hodeidah 2 13	Hadramaut 3 52 Hajjah 2 30 Hodeidah 2 12	Hadramaut 3 57 Hajjah 1 74 Hodeidah 2 19	Hadramaut 4 00 Hajjah 3 00 Hodeidah 3 00

Indicator 3 "Couple-years of protection (CYP) generated at 22 Health Centers

Commentary

Project-wide, CYP rose steadily from quarter to quarter in 1997 However, the annual total for 1997 was less than for 1996 Examination of the governorate-level data reveals the reason for this decrease CYP rose dramatically in Hodeidah from 1996 to 1997, by nearly 50% Both Hadramaut and Hajjah, however, experienced decreases In Hadramaut the problem is attributable to the opening of several private clinics (and a Yemen Family Care Association clinic) in the town of Mukulla Mukulla Hospital MCH Center accounted for 57%, 66%, and 60% of the Hadramaut CYP production in 1995, 1996, and 1997, respectively With the loss of family planning clients to these private clinics, the overall CYP production in Hadramaut declined accordingly In Hajjah, most of the past CYP production has been in two centers Mahabisha and Hajjah MCH Center These two centers accounted for 93%, 91%, and 77% of Hajjah CYP in 1995, 1996, and 1997, respectively CYP decreased in both these centers in 1997 as compared with 1996 In Mahabisha, this was due to periodic stockouts of IUDs, the resignation of a Russian physician who had been active in family planning, and supervision problems within the MCH section which appeared to have depressed the promotion of family planning At Hajjah MCH Center, oral contraceptive distribution increased in 1997, but IUD insertion fell sharply at as compared with 1996, because the midwife who had been inserting IUDs resigned and moved to a "competing" Red Crescent clinic nearby Shaghadirah center experienced a slight decrease in CYP production, while the remaining Hajjah centers showed small increases

Another factor which could affect family planning acceptance is the MOPH policy implemented in October of 1997 to collect nominal fees for family planning commodities supplied through the MOPH system

OFC strategy to increase CYP in 1998 consists of four components 1) Conducting special training in IUD insertion and family planning counselling 2) Concentrating family planning promotion (both on-site and outreach) in those centers where unmet demand is greatest E g increases in CYP are unlikely at Mukulla Hospital (because of the competing facilities described above), whereas Gheil Bawazir and Al Hami have the potential for larger increases 3) Using community midwife/FPHCW trainers and trainees to a greater extent for family planning promotion on-site and in outreach visits This should be particularly effective at Hajjah centers where MCH services were first introduced by the training 4) Providing special attention and technical assistance to under-performing MCH staff at centers such as Mahabisha

First Quarter 1997	Second Quarter 1997	Third Quarter 1997	Fourth Quarter 1997
1,063	1 086	1,165	1 229

Baseline -- 1995	Annual -- 1996	Annual -- 1997	Target -- 1998
4 186	4 990	4 543	5 442

Intermediate Result "'Health Center Improvement' model in 22 Health Centers in three governorates established and documented"

Indicator 1 "Number of Health Centers implementing the model that have sustainable female staffing, minimum quality standards, and communities participating"

Commentary

In previous reports, no centers have been reported as meeting this indicator since the element of "sustainable female staffing" could not be conclusively demonstrated until the completion of the ongoing training Since the MOPH has decided to extend training beyond the life of the contract, however, a less rigorous test must be applied to this indicator Thus, centers are judged to have met this indicator which have adequate community participation, have met minimum quality standards as measured in Indicators 2 1 and 2 2, and which have trainees at a nearby training center, thus demonstrating the potential for sustainable female staffing

Nonetheless, it is recognized that this indicator, is measured according to subjective standards of service quality (as is also true of Indicators 2 1 and 2 2 discussed below) and community participation, and according to an as-yet unmet standard of available female staffing JSI/OFC staff will continue to support the training that should result in the availability of additional female service providers at all centers The staff will also continue to focus on increasing the level of service quality and community participation While all centers have shown substantial improvements in service quality, center management, and community participation as compared with their performance prior to OFC intervention, problems remain apparent JSI/OFC recognizes that stating that a health center has "met" this indicator is not the same as saying that that center is providing "high quality services" To our knowledge, there are no health facilities in Yemen that provide "high quality services" The goal of JSI/OFC assistance, therefore, is to realize the maximum possible improvements in all of these areas that can be achieved during the life of the contract All conceivable efforts will be made to achieve this goal

First Quarter 1997	Second Quarter 1997	Third Quarter 1997	Fourth Quarter 1997
0	0	0	10

Baseline -- 1995	Annual -- 1996	Annual -- 1997	Target -- 1998
0	0	10	12

Indicator 2 "Detailed report/evaluation of the model prepared and distributed to MOPH and donor community"

Commentary

This indicator reflects the production of the final contract report, which will be prepared near the end of the contract This indicator target will therefore be met at the end of the contract period

First Quarter 1997	Second Quarter 1997	Third Quarter 1997	Fourth Quarter 1997
0	0	0	0

Baseline -- 1995	Annual -- 1996	Annual -- 1997	Target -- 1998
0	0	0	1

Lower Level Result 1 "Sustainable female staffing established in centers in three governorates"

Indicator 1 1 "Number of decentralized training centers operating"

Commentary

As of the end of 1997, eight training centers were engaged in training of secondary school graduates to become community midwives

Hadramaut	Hadramaut HMI, Seyoun Hospital
Hajjah	Kuaydinah Health Center, Mabyan Health Center, Shaghadirah Health Center
Hodeidah	Bait Al Faqih MCH Center, Al Marwara'a Health Center, Al Zohorah Health Center

As of the end of 1997, one training center was engaged in upgrading *murshidat* to become community midwives

Hajjah	Mahabisha MCH Center

As of the end of 1997, two training centers were engaged in training new *murshidat*

Hajjah	At Tur Health Center, Al Moharaq Health Center

The total of 11 training centers operating in 1997 exceeds the contract target of 9 centers

First Quarter 1997	Second Quarter 1997	Third Quarter 1997	Fourth Quarter 1997
0	8	8	11

Baseline -- 1995	Annual -- 1996	Annual -- 1997	Target -- 1998
0	0	11	9

Indicator 1 2 "Number of trainees nominated by communities which will contribute to their support"

Commentary

The contract target of 400 trainees was exceeded in 1996 A target of 400 was originally selected to allow for competition in the selection process so that the better qualified candidates could be selected The target was exceeded by a large margin because the communities responded well to the call for candidates and because large numbers of young women were interested in the training While the large number of candidates complicated the selection process, many of the candidates put forward did not meet the basic educational criteria for acceptance in each of the communities, nomination for the training was a matter of prestige (as well as potential for future income) for the young women and their families, leading to these "false" nominations

Selection for the training was carried out by committees comprised of Health Office, HMI, and central MOPH personnel, with facilitation by JSI/OFC staff The selection procedure consisted of initial screening of applications to assure compliance with MOPH selection criteria, followed by testing of qualified candidates, and interviews for top candidates The competitive nature of the selection process led to reports of some candidates falsifying their educational qualifications Where

JSI/OFC became aware of this, the cases were referred to the selection committee which was required to certify candidates' qualifications

First Quarter 1997	Second Quarter 1997	Third Quarter 1997	Fourth Quarter 1997
699	699	699	699

Baseline -- 1995	Annual -- 1996	Annual -- 1997	Target -- 1998
0	699	699	400

Indicator 1 3 "Number of trained female providers in place at 22 Health Centers"

Commentary

With approximately 200 trainees presently in training at the 11 training centers, this target will be exceeded when they graduate and begin working Since the training will now extend beyond the life of the contract, however, the surpassing of this target will have to be projected rather than actually realized Performance on this indicator will thus reflect the number of trainees who remain in training as of the final reporting period, and whose work assignments after graduation will be the 22 health centers By this standard, the target for this indicator will be exceeded

First Quarter 1997	Second Quarter 1997	Third Quarter 1997	Fourth Quarter 1997
NA	NA	NA	NA

Baseline -- 1995	Annual -- 1996	Annual -- 1997	Target -- 1998
63	93	94	132

Lower Level Result 2 "Minimum quality standards for centers in place in four governorates"

Indicator 2 1 "Number of centers passing inspection for minimum quality of facility and equipment"

Commentary

All centers in all four governorates achieved at least the minimum standards for quality of facility and equipment according to the checklist developed for this purpose, with the exception of the Al Thowra Hospital MCH referral center, where renovation was completed too late in 1997 for an evaluation to be performed It should be noted that the checklist examines not only the quality of renovation and the presence of equipment, but also cleanliness and maintenance factors

First Quarter 1997	Second Quarter 1997	Third Quarter 1997	Fourth Quarter 1997
0	0	24	27

Baseline -- 1995	Annual -- 1996	Annual -- 1997	Target -- 1998
0	0	27	28

Indicator 2 2 "Number of Health Centers following minimum clinical and management protocols"

Commentary

The number of centers meeting this indicator was determined using a checklist which measures performance on key variables related to service quality A passing score indicates that a center meets or exceeds the minimum quality standard as measured using this checklist As with Indicator 1, however, it is recognized that achieving a passing score on this indicator does not mean that "high quality services" have been achieved Efforts to improve clinical and management practices at all centers are still underway and require substantial input throughout the remainder of the contract (Also see the additional commentary on protocols/checklists on page 12)

First Quarter 1997	Second Quarter 1997	Third Quarter 1997	Fourth Quarter 1997
0	0	13	18

Baseline -- 1995	Annual -- 1996	Annual -- 1997	Target -- 1998
0	0	18	20

Indicator 2 3 "Average number of months that ORS is out of stock at 22 HCs"

Commentary

The rise in stock-out months for ORS from 1996 to 1997 is attributable to two factors 1) poor performance by Hajjah governorate in the third quarter of 1997, because of poor communication among health centers, the Health Office MCH Division, and the Hajjah store, and 2) poor performance by one center (Al Zohorah) in Hodeidah But for these aberrations, the contract target for the indicator would have been met Hadramaut governorate exceeded the target for both 1996 and 1997 The problem in Hajjah was addressed during the fourth quarter of 1997, when there were zero stockouts, and remedial action continues with the Center Director in Al Zohorah

First Quarter 1997	Second Quarter 1997	Third Quarter 1997	Fourth Quarter 1997
0 70	0 21	0 95	0 35

Baseline -- 1995	Annual -- 1996	Annual -- 1997	Target -- 1998
3 36	1 32	2 20	1 00

Indicator 2 4 "Average number of months that iron folate is out of stock at 22 HCs"

Commentary

As has been previously reported, iron folate has been available only sporadically throughout the country because of the MOPH's inability to procure adequate supplies to meet existing demand In 1997, the MOPH was able to more regularly distribute supplies of iron folate, but in quantities that were quickly exhausted It is unlikely that this situation will improve substantially in 1998 JSI therefore predicts that this indicator cannot be met Since the stock-out problem is related to shortage of supply at the national level, it has little value as an indicator either of the quality of inventory and logistics systems at the governorate and health center levels, or of the quality of antenatal care provided by health centers

First Quarter 1997	Second Quarter 1997	Third Quarter 1997	Fourth Quarter 1997
1 76	2 50	2 05	1 35

Baseline -- 1995	Annual -- 1996	Annual -- 1997	Target -- 1998
6 80	8 95	7 50	2 00

Indicator 2 5 "Average number of months that oral contraceptives are out of stock at 22 HCs"

Commentary

The contract target of 5 months out of stock was first exceeded in 1996 Performance in 1997 was similar, with the contract target exceeded by a comfortable margin

First Quarter 1997	Second Quarter 1997	Third Quarter 1997	Fourth Quarter 1997
0 04	0 185	0 129	0 019

Baseline -- 1995	Annual -- 1996	Annual -- 1997	Target -- 1998
1 39	0 33	0 37	0 50

Lower Level Result 3 Community and individual participation increased in three governorates"

Indicator 3 1 "Number of Community Participation Agreements signed and operational"

Commentary

The contract target of 22 signed and operational agreements was met in the third quarter of 1997, and has been exceeded in the fourth quarter These agreements cover the following communities and facilities

Hajjah	Hajjah, Mabyan, At Tur, Shagadirah, Kuaydinah, Al Moharaq, Mahabisha, Ash Shahel, Hajjah HMI
Hadramaut	Mukulla, Shaher, Ash Shuheir, Ghail Bawazir, Al Hami, Addis Al Sharkiya, Seyoun
Hodeidah	Al Thowra Hospital, Al Dahi, Al Zohorah, Bait al Faqih, Marawa'a, Al Qutai, Bajil, Hodeidah HMI

First Quarter 1997	Second Quarter 1997	Third Quarter 1997	Fourth Quarter 1997
6	18	22	24

Baseline -- 1995	Annual -- 1996	Annual -- 1997	Target -- 1998
0	0	24	22

Indicator 3 2 "Number of Health Centers adopting and implementing more effective user fee systems"

Commentary

As reported elsewhere in this report national-level introduction of a legally recognized cost recovery system with consistent guidelines has been underway since 1996 with significant progress achieved in 1997 JSI/OFC has assisted the MOPH in this effort, and will conduct on-site training at health centers in early 1998 which will introduce an improved financial management system This training will provide the basis for reaching the contract target by the second quarter of 1998

First Quarter 1997	Second Quarter 1997	Third Quarter 1997	Fourth Quarter 1997
0	0	0	0

Baseline -- 1995	Annual -- 1996	Annual -- 1997	Target -- 1998
0	0	0	2?

B. Administrative Information.

Financial Data

1	Total estimated cost	$6,695,462
2	Vouchered expenditures (1/10/95 to 12/31/97)	$5,156,339
3	Remaining unexpended balance	$1,539,123

Appendix 1

List of graphs

Comparative data by governorate

A-1 DPT/Polio Coverage
A-2 Completed DPT/Polio Series
A-3 Antenatal Visits per Pregnant Woman
A-4 Volume of Antenatal Visits
A-5 Volume of First Antenatal Visits
A-6 Volume of Follow-up Antenatal Visits
A-7 Couple-Years of Protection
A-8 Stockouts of ORS
A-9 Stockouts of Iron Folate
A-10 Stockouts of Oral Contraceptives

Comparative data by health center Hadramaut Governorate

B-1 DPT/Polio Coverage
B-2 Completed DPT/Polio Series
B-3 Antenatal Visits per Pregnant Woman
B-4 Volume of Antenatal Visits
B-5 Couple-Years of Protection

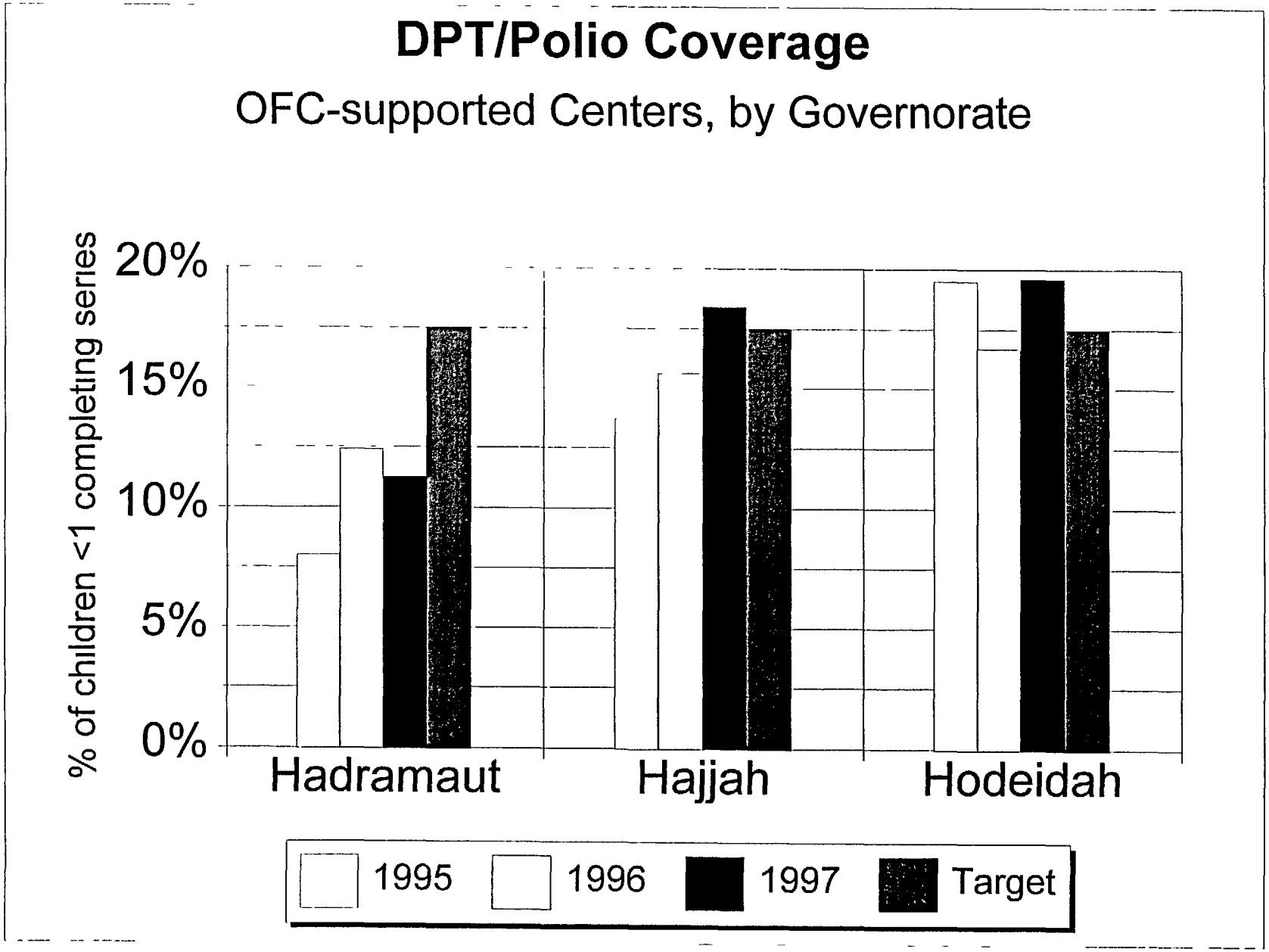
Comparative data by health center Hajjah Governorate

C-1 DPT/Polio Coverage
C-2 Completed DPT/Polio Series
C-3 Antenatal Visits per Pregnant Woman
C-4 Volume of Antenatal Visits
C-5 Couple-Years of Protection

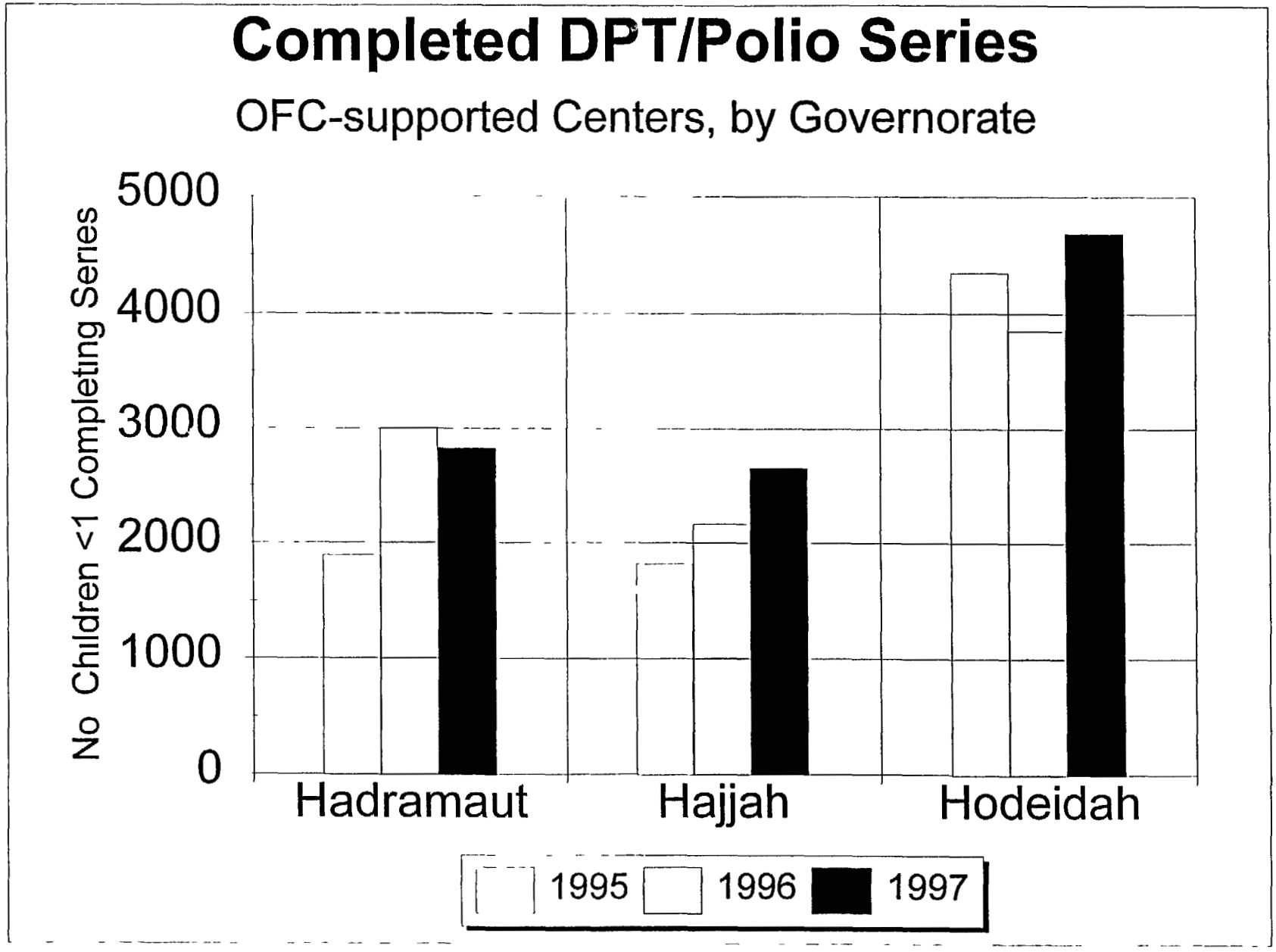
Comparative data by health center Hodeidah Governorate

D-1 DPT/Polio Coverage
D-2 Completed DPT/Polio Series
D-3 Antenatal Visits per Pregnant Woman
D-4 Volume of Antenatal Visits
D-5 Couple-Years of Protection

COMPARATIVE DATA
BY GOVERNORATE
1995-1997


DPT/Polio Coverage
OFC-supported Centers, by Governorate
% of children <1 completing series
20%
15%
10%
5%
0%
Hadramaut
Hajjah
Hodeidah
1995
1996
1997
Target

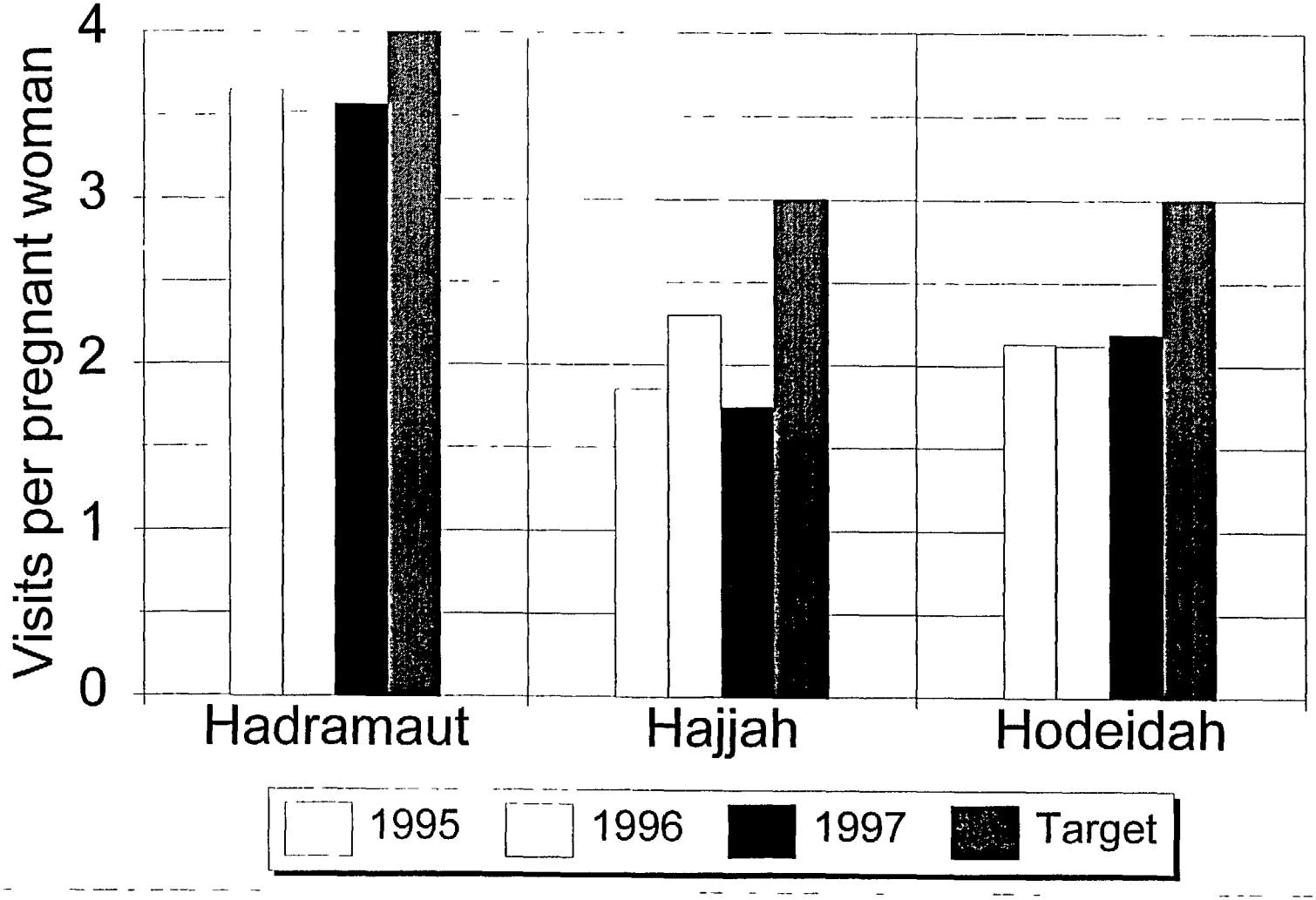
Graph A-1


Completed DPT/Polio Series
OFC-supported Centers, by Governorate
No Children <1 Completing Series
5000
4000
3000
2000
1000
0
Hadramaut
Hajjah
Hodeidah
1995
1996
1997

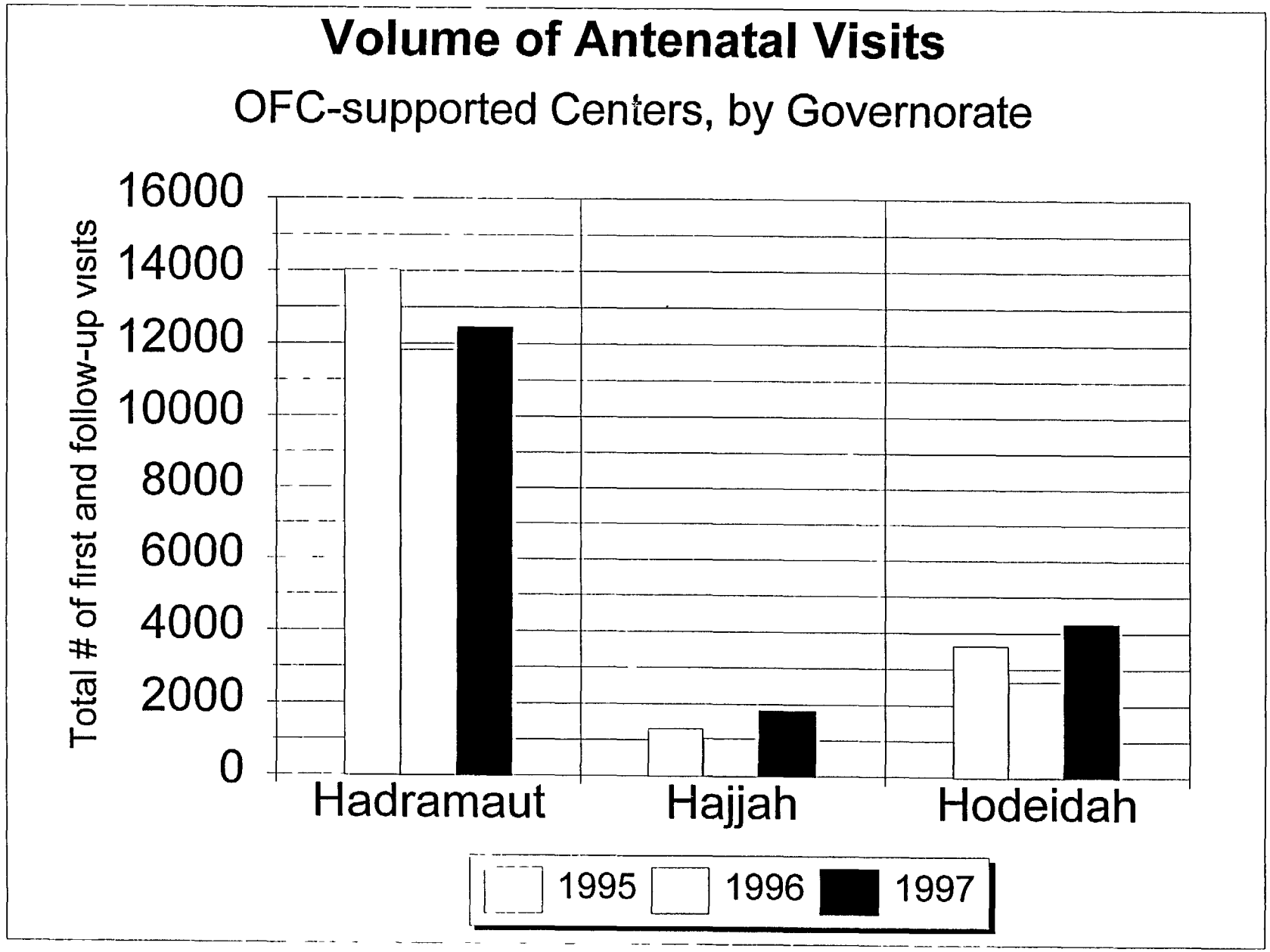
Graph A-2

Antenatal visits per pregnant woman

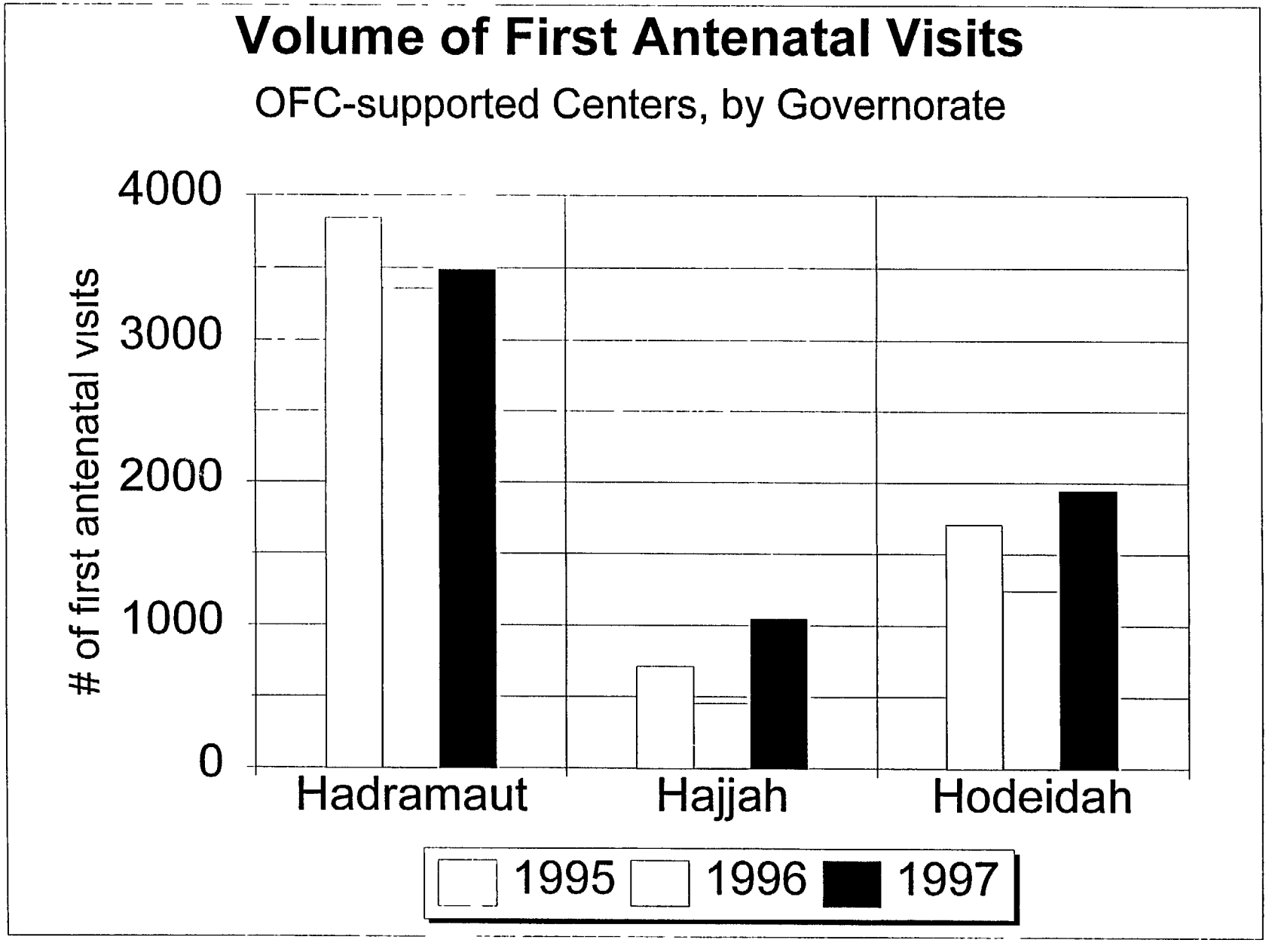
OFC-supported Centers, by Governorate



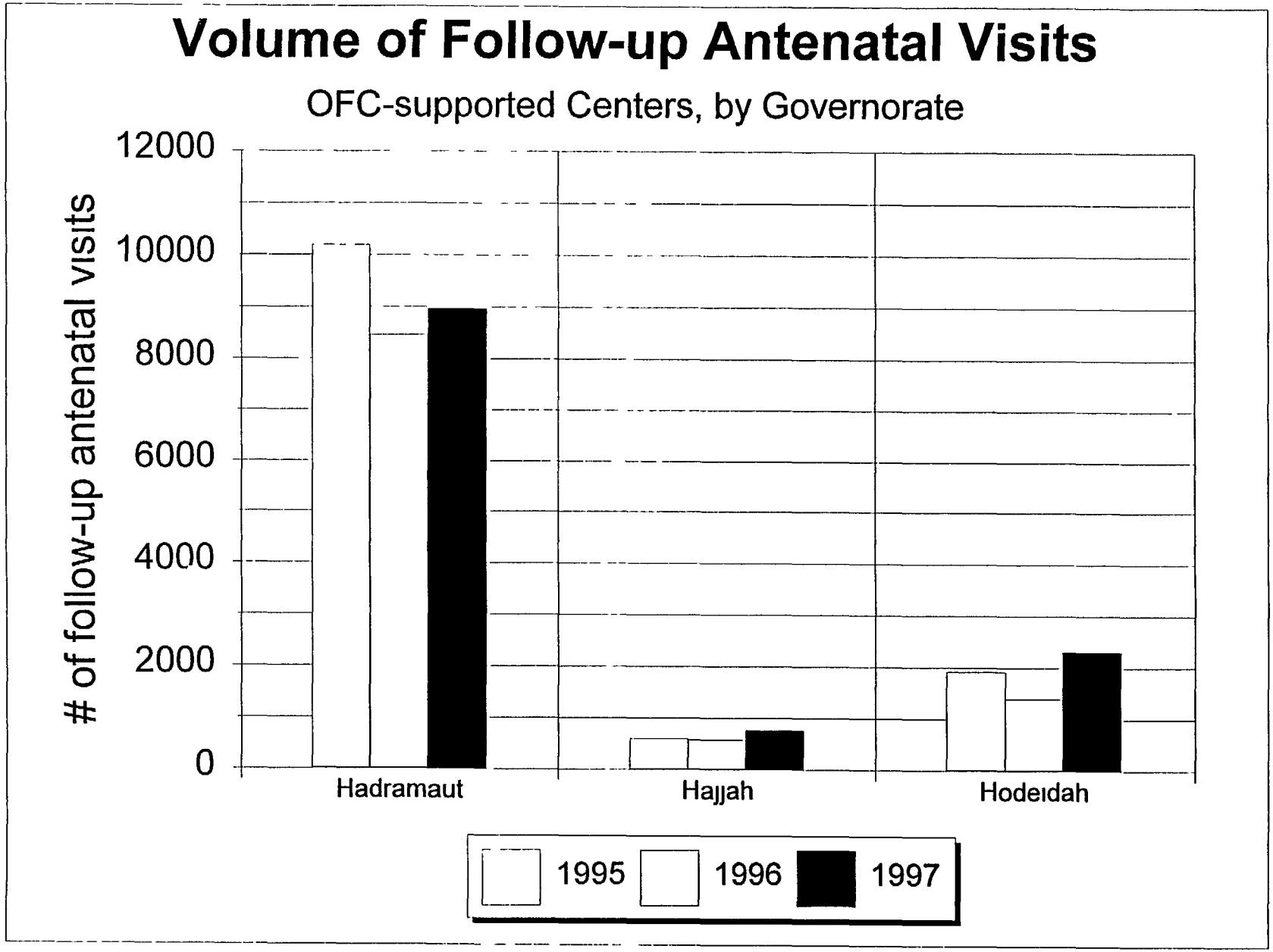
Graph A-3


Volume of Antenatal Visits
OFC-supported Centers, by Governorate
Total # of first and follow-up visits
16000
14000
12000
10000
8000
6000
4000
2000
0
Hadramaut
Hajjah
Hodeidah
1995
1996
1997

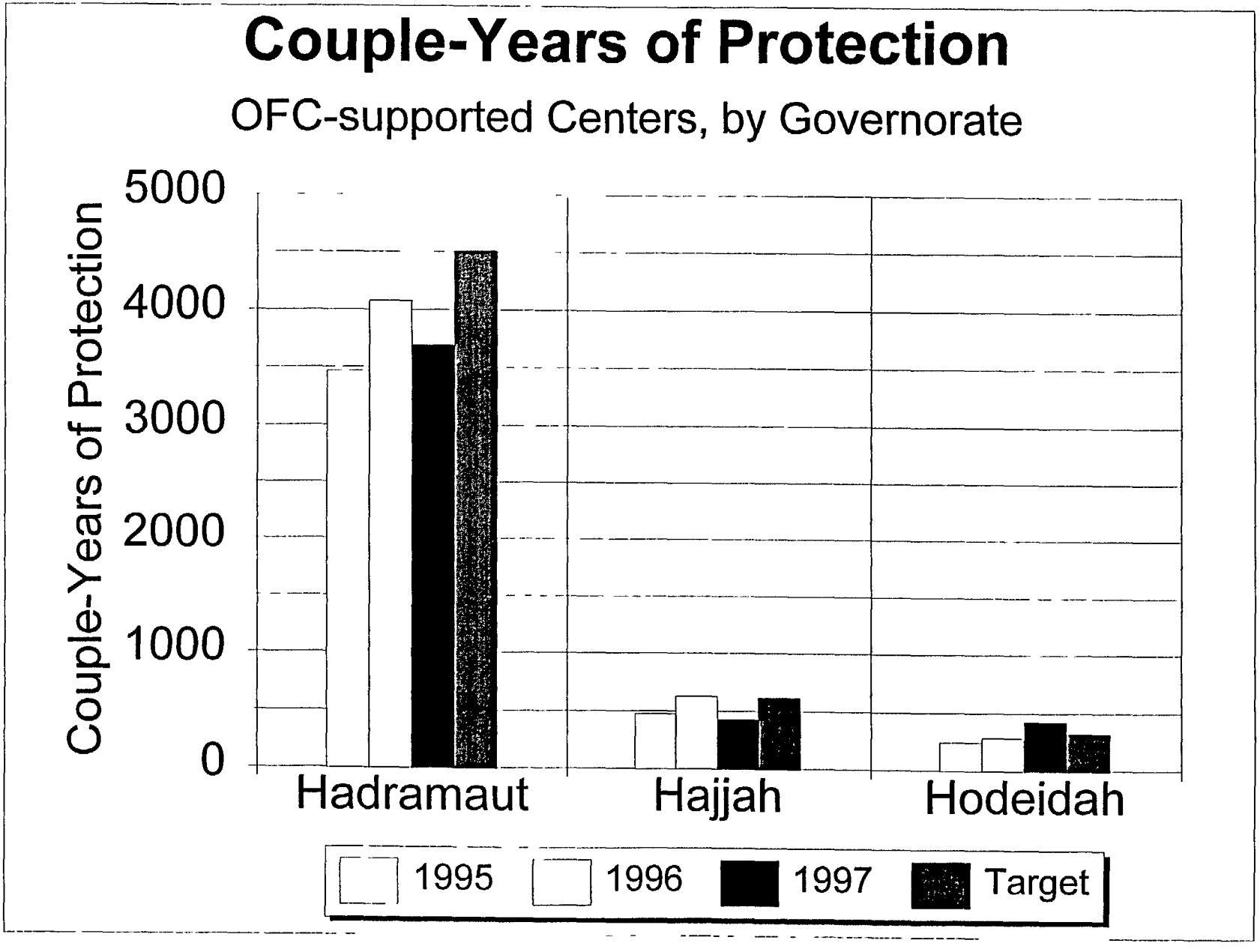
Graph A-4


Volume of First Antenatal Visits
OFC-supported Centers, by Governorate
# of first antenatal visits
4000
3000
2000
1000
0
Hadramaut
Hajjah
Hodeidah
1995
1996
1997

Graph A-5


Volume of Follow-up Antenatal Visits
OFC-supported Centers, by Governorate
# of follow-up antenatal visits
12000
10000
8000
6000
4000
2000
0
Hadramaut
Hajjah
Hodeidah
1995
1996
1997

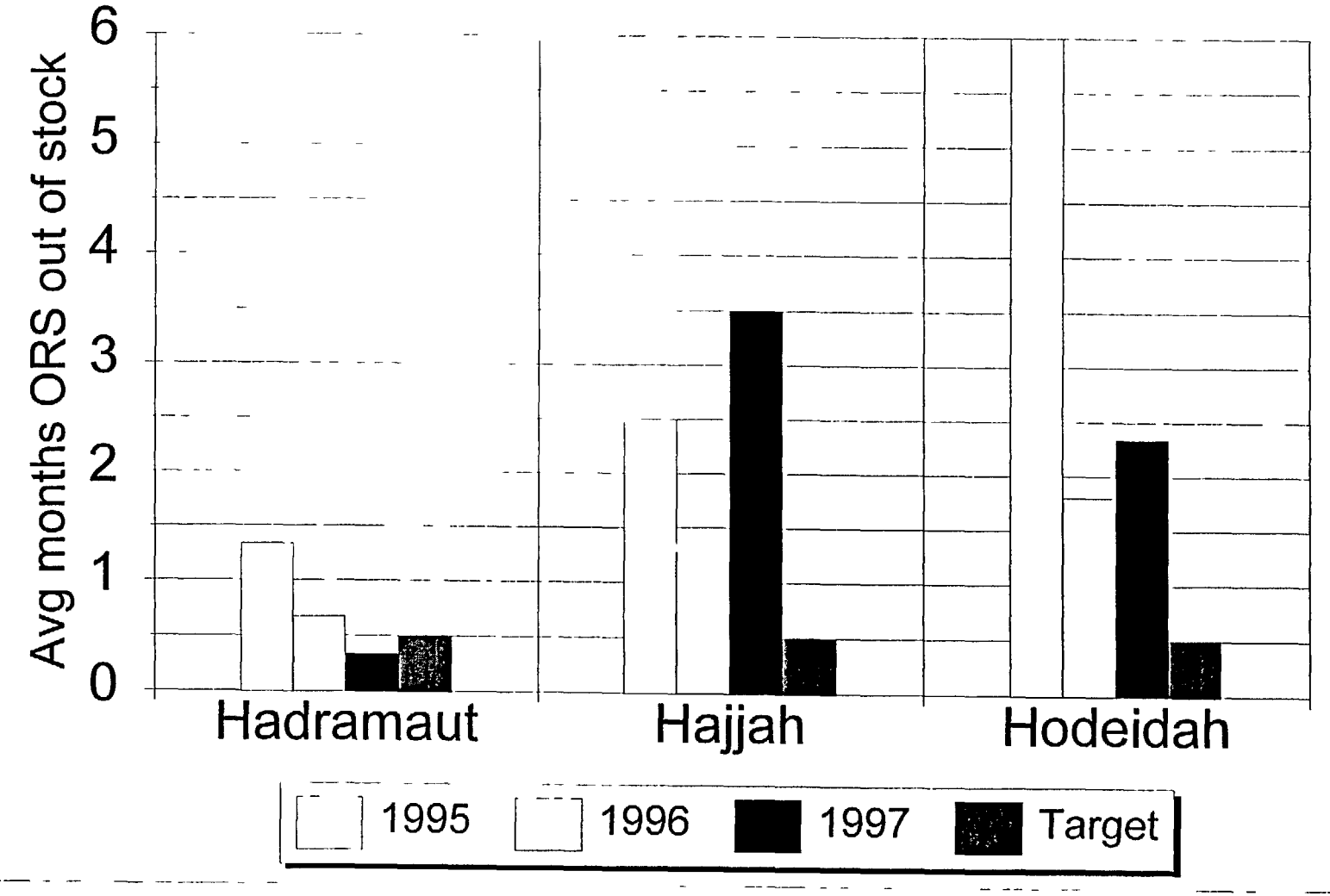
Graph A-6


Couple-Years of Protection
OFC-supported Centers, by Governorate
Couple-Years of Protection
5000
4000
3000
2000
1000
0
Hadramaut
Hajjah
Hodeidah
1995
1996
1997
Target

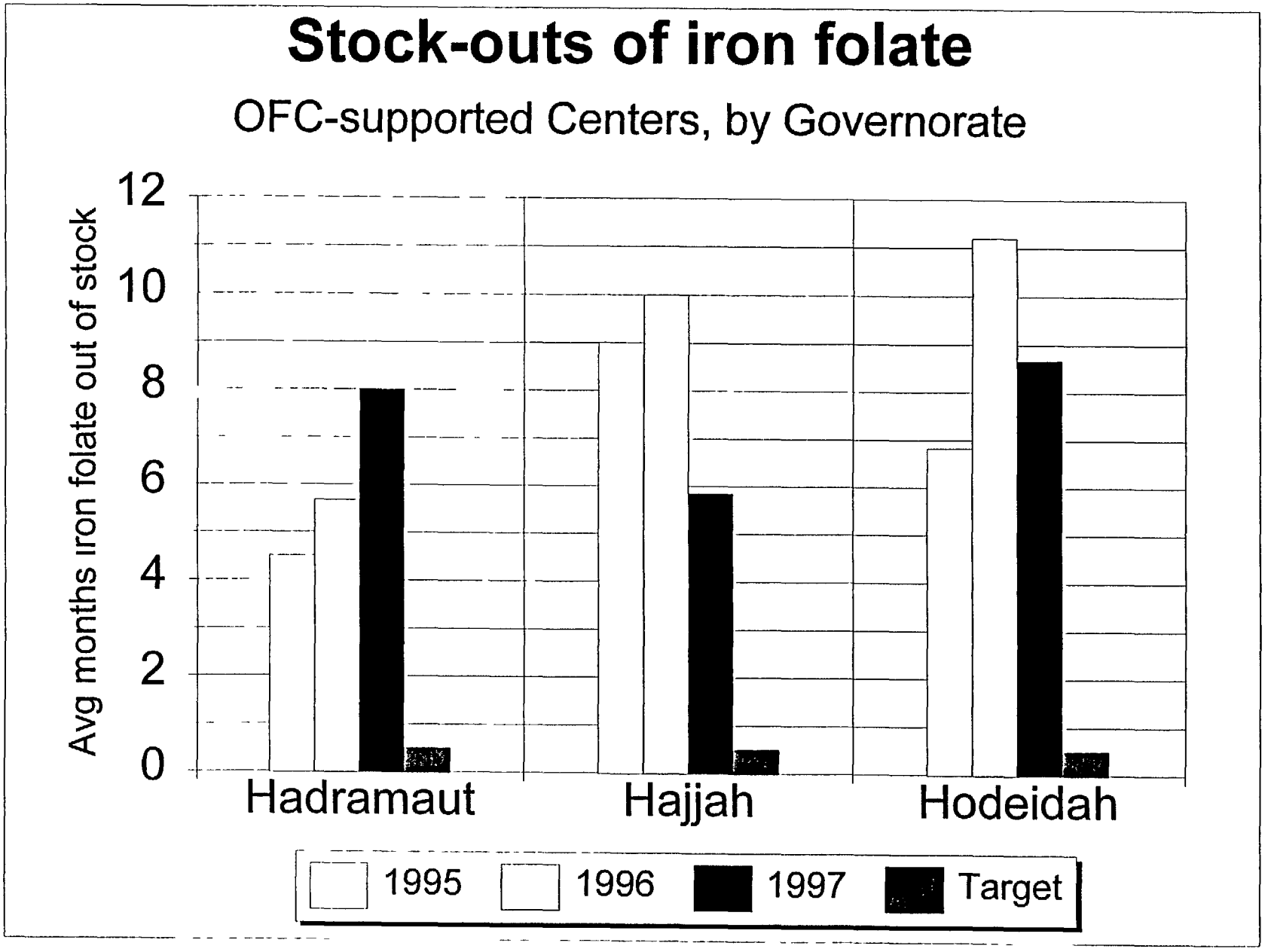
Graph A-7

Stock-outs of Oral Rehydration Salts

OFC-supported Centers, by Governorate



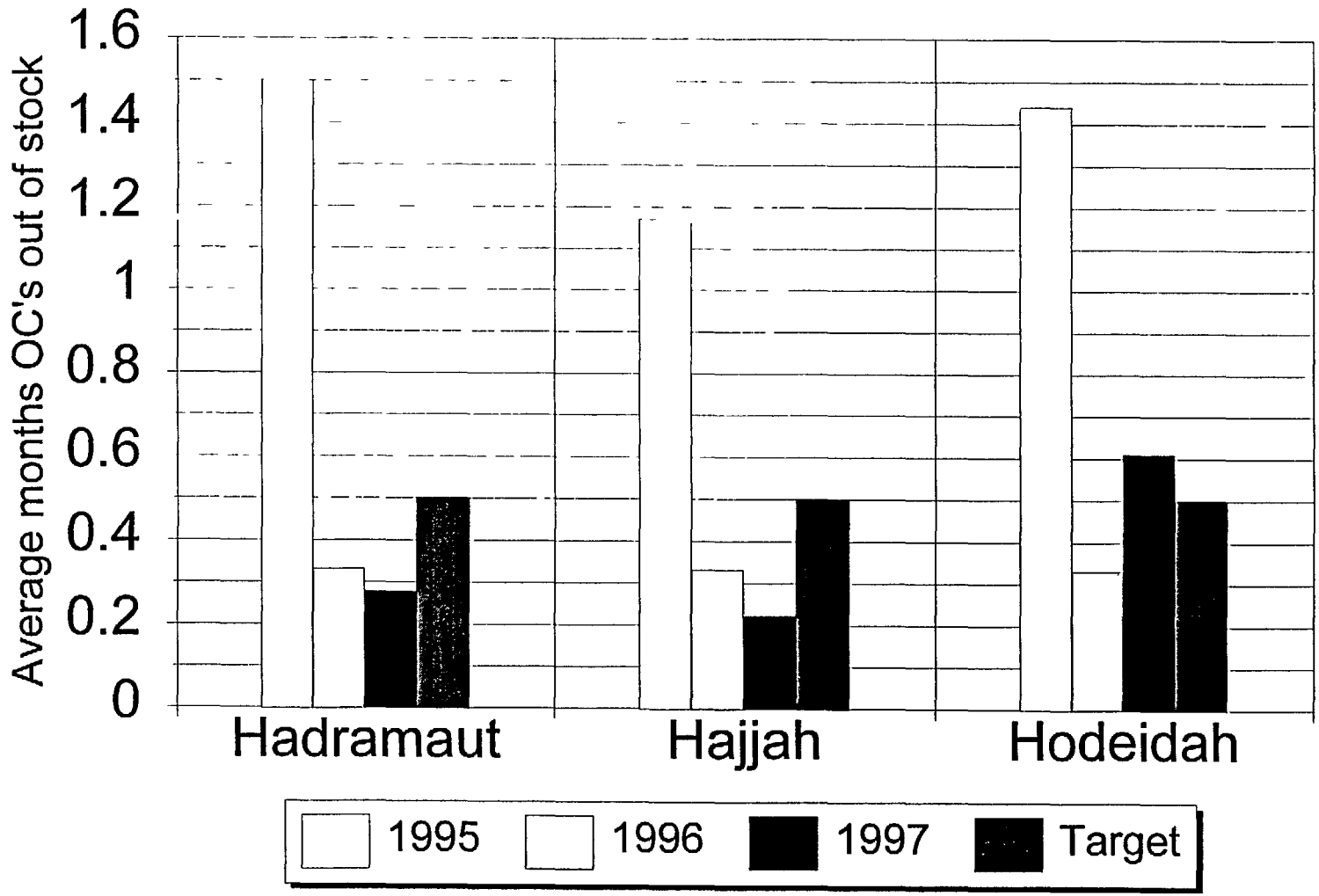
Graph A-8


Stock-outs of iron folate
OFC-supported Centers, by Governorate
Avg months iron folate out of stock
12
10
8
6
4
2
0
Hadramaut
Hajjah
Hodeidah
1995
1996
1997
Target

Graph A-9

Stock-outs of Oral Contraceptives

OFC-supported Centers, by Governorate

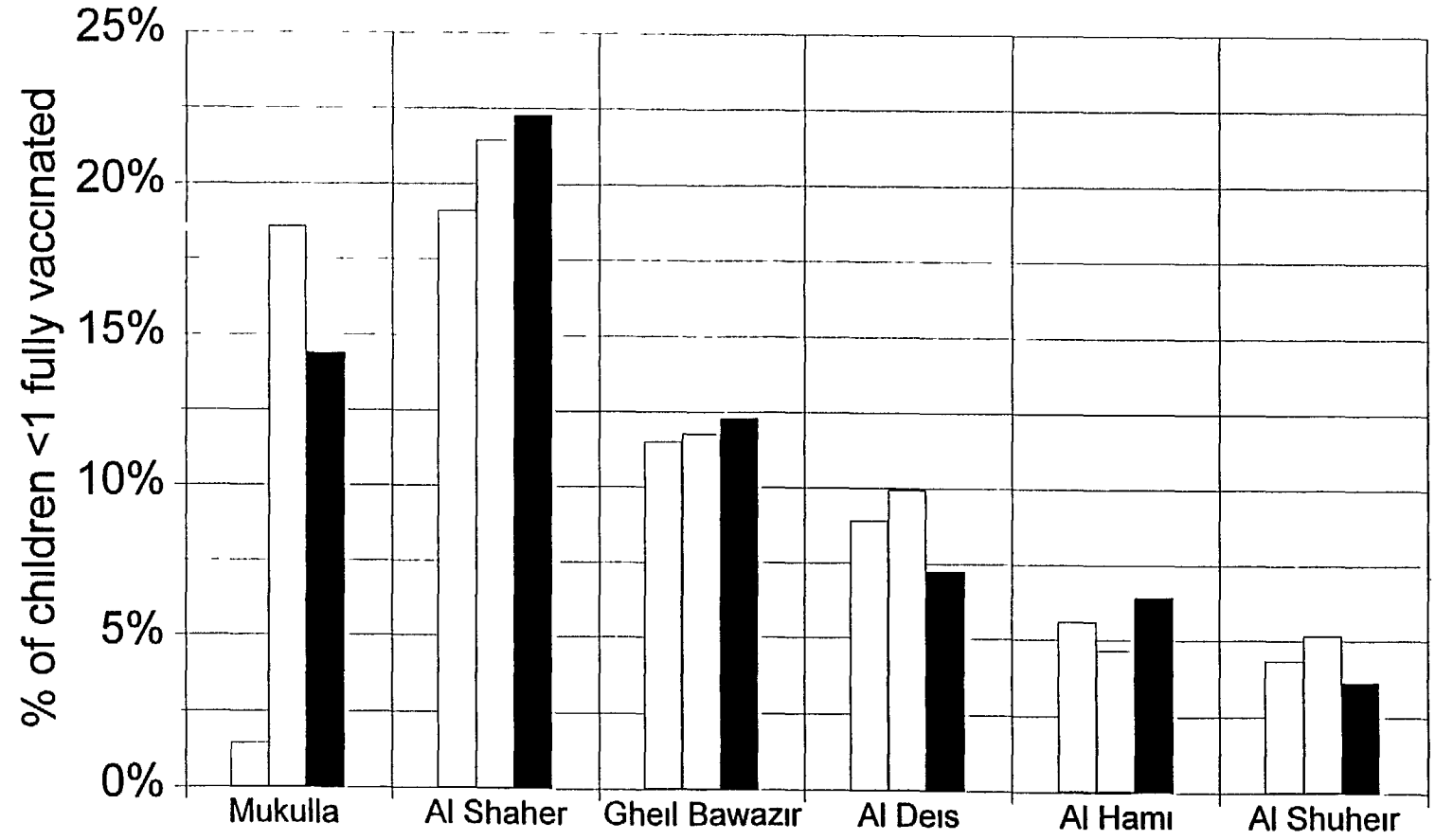


Graph A-10

COMPARATIVE DATA
BY HEALTH CENTER
HADRAMAUT GOVERNORATE
1995-1997

Hadramaut DPT/Polio Coverage

at OFC-supported Health Centers

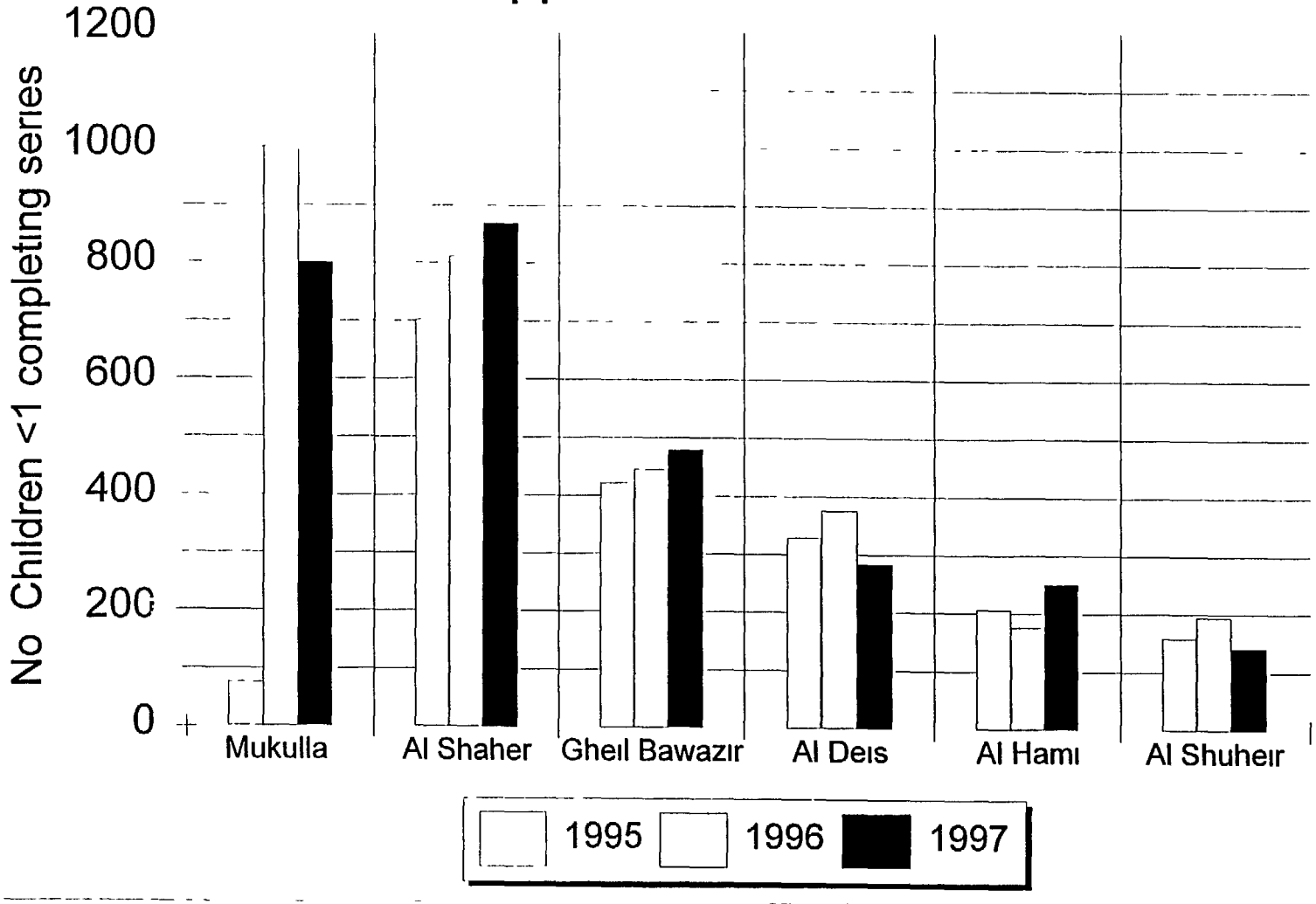


Note Since catchment area population estimates are unreliable district populations are used for the denominator This has the effect of underrepresenting the actual coverage percentages

Graph B-1

Hadramaut Completed DPT/Polio Series

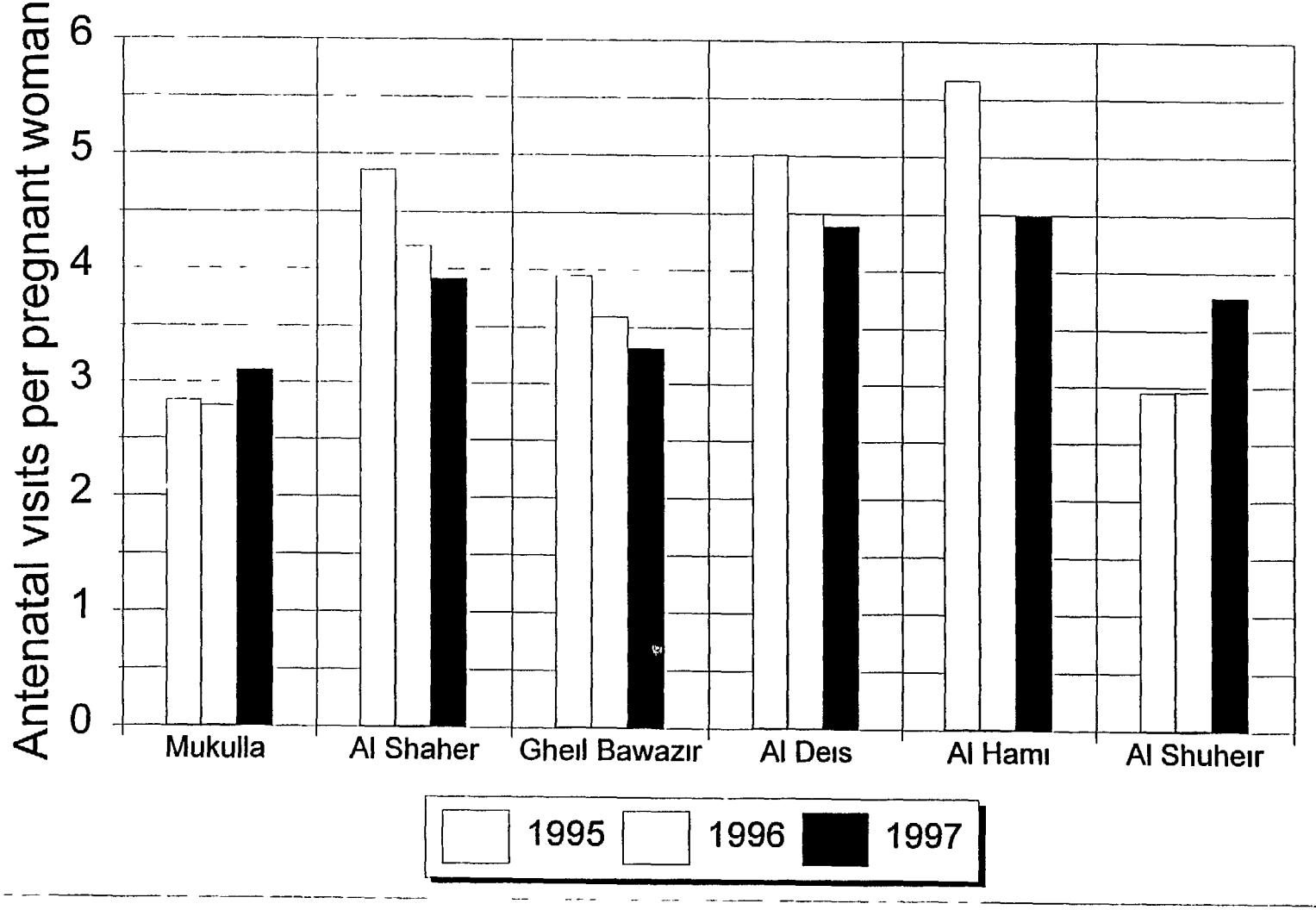
at OFC-supported Health Centers



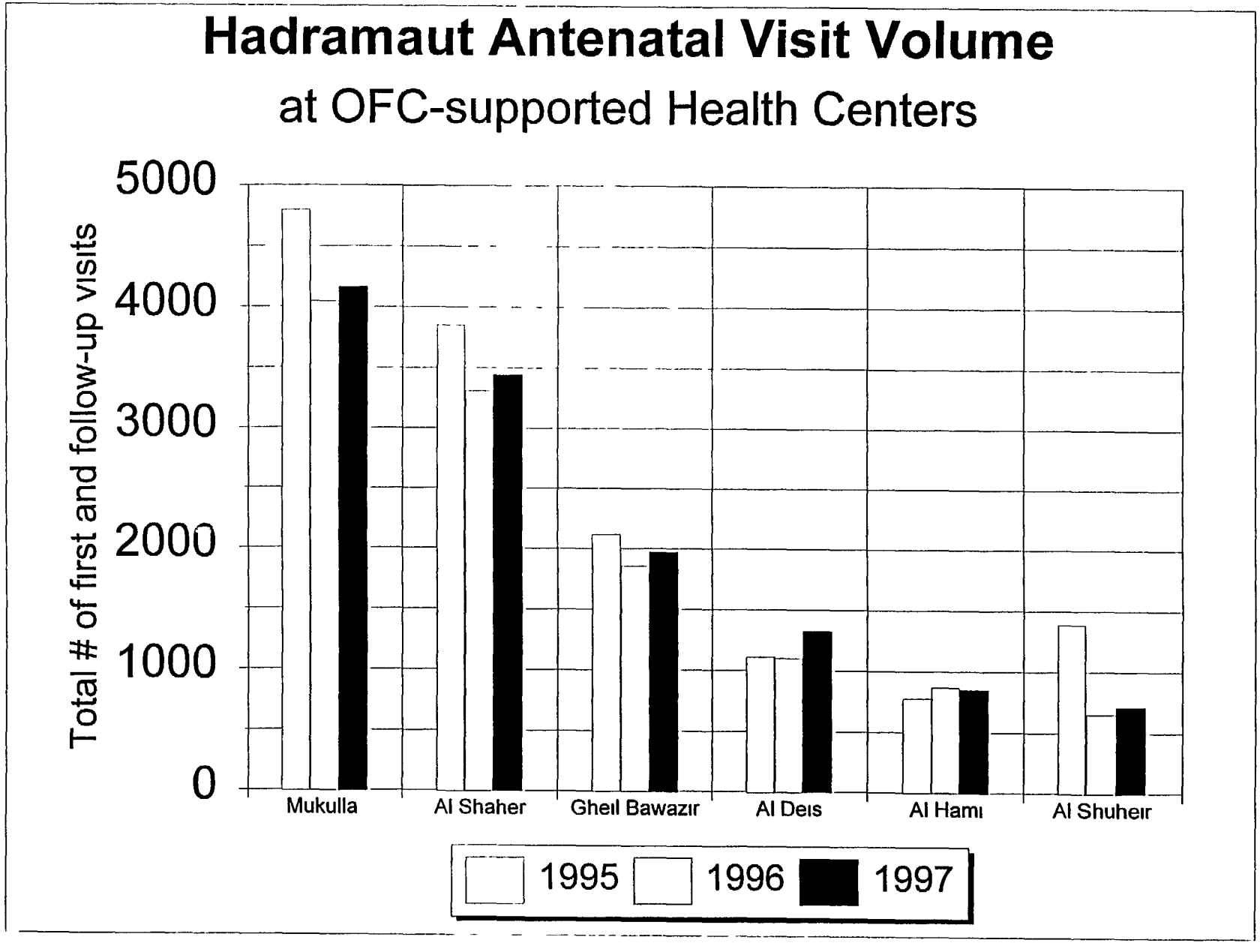
Graph B-2

Hadramaut Antenatal Visits per Woman

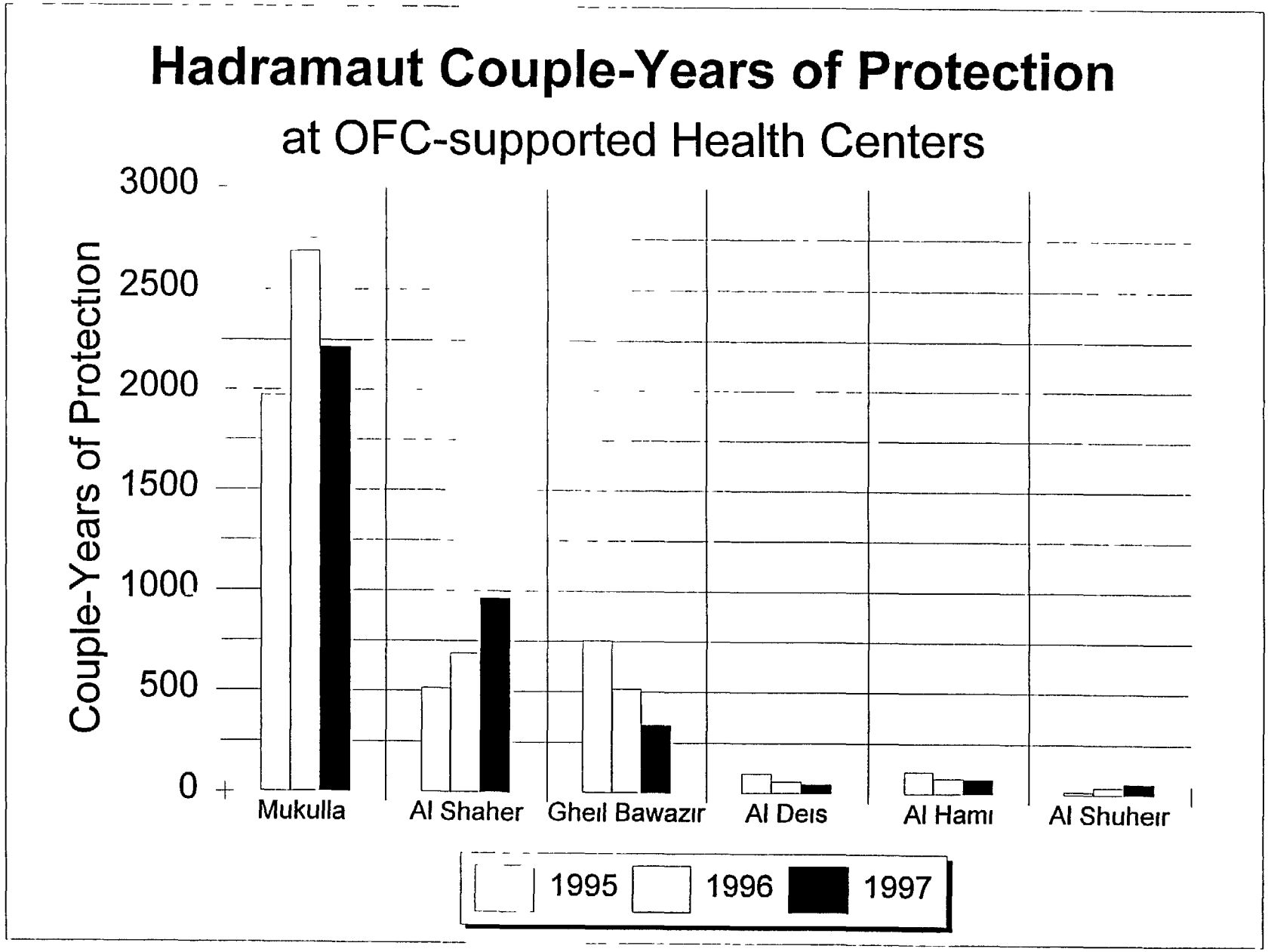
at OFC-supported Health Centers



Graph B-3


Hadramaut Antenatal Visit Volume
at OFC-supported Health Centers
Total # of first and follow-up visits
5000
4000
3000
2000
1000
0
Mukulla
Al Shaher
Gheil Bawazir
Al Deis
Al Hami
Al Shuheir
1995
1996
1997

Graph B-4

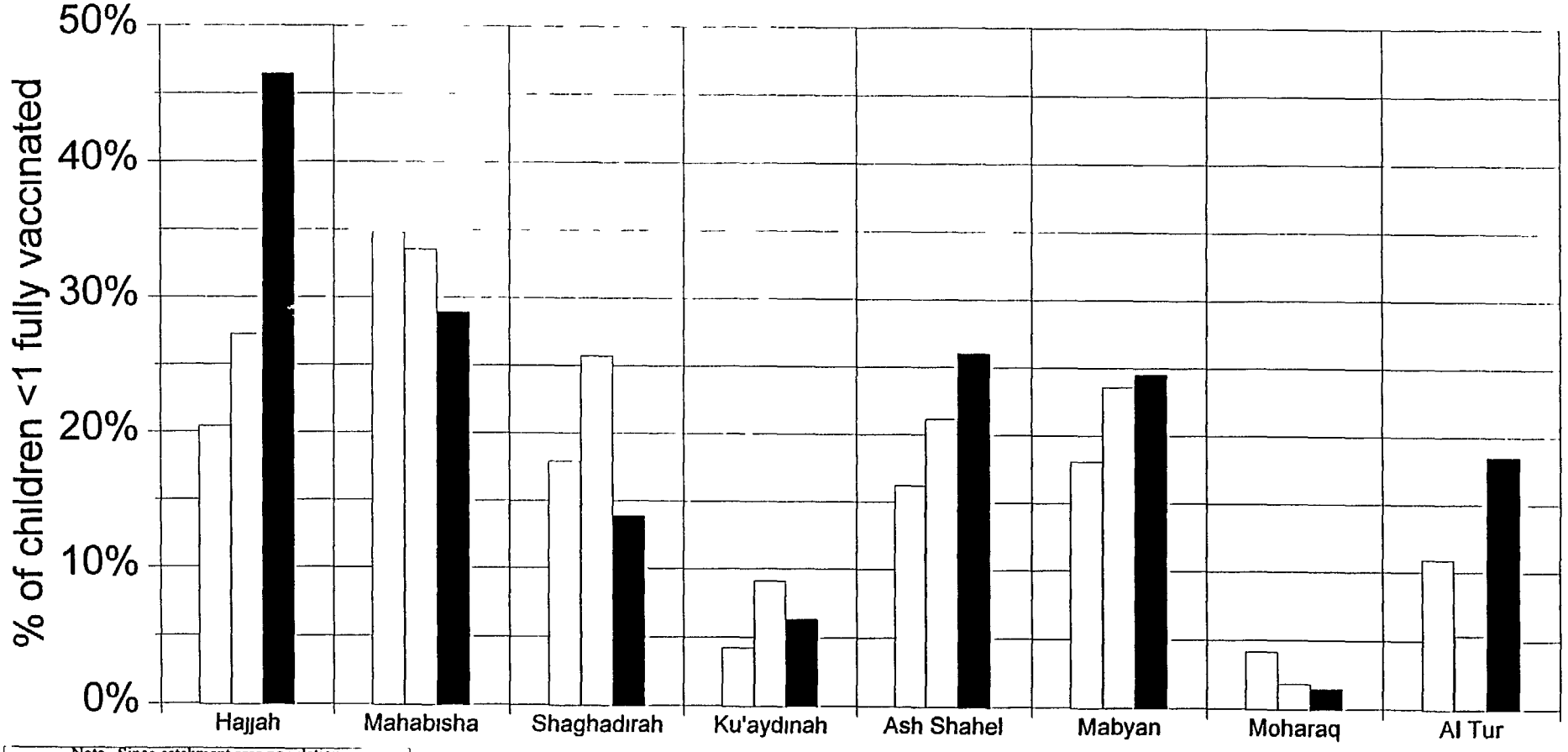

Hadramaut Couple-Years of Protection
at OFC-supported Health Centers
Couple-Years of Protection
3000
2500
2000
1500
1000
500
0
Mukulla
Al Shaher
Gheil Bawazir
Al Deis
Al Hami
Al Shuheir
1995
1996
1997

Graph B-5

COMPARATIVE DATA
BY HEALTH CENTER
HAJJAH GOVERNORATE
1995-1997

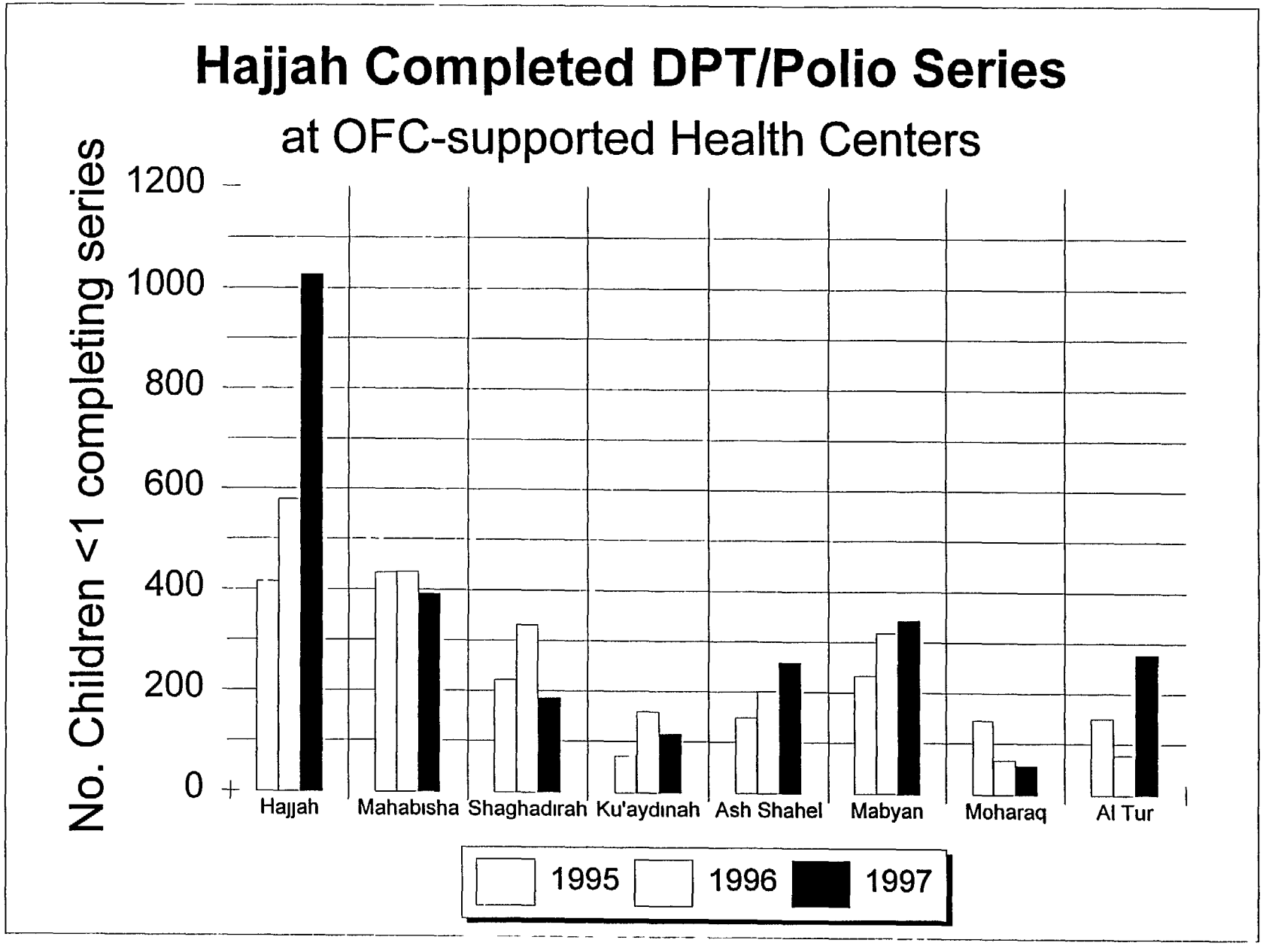
Hajjah DPT/Polio Coverage

at OFC-supported Health Centers



Note Since catchment area population estimates are unreliable district populations are used for the denominator This has the effect of under reprnsenting the actual coverage percentages

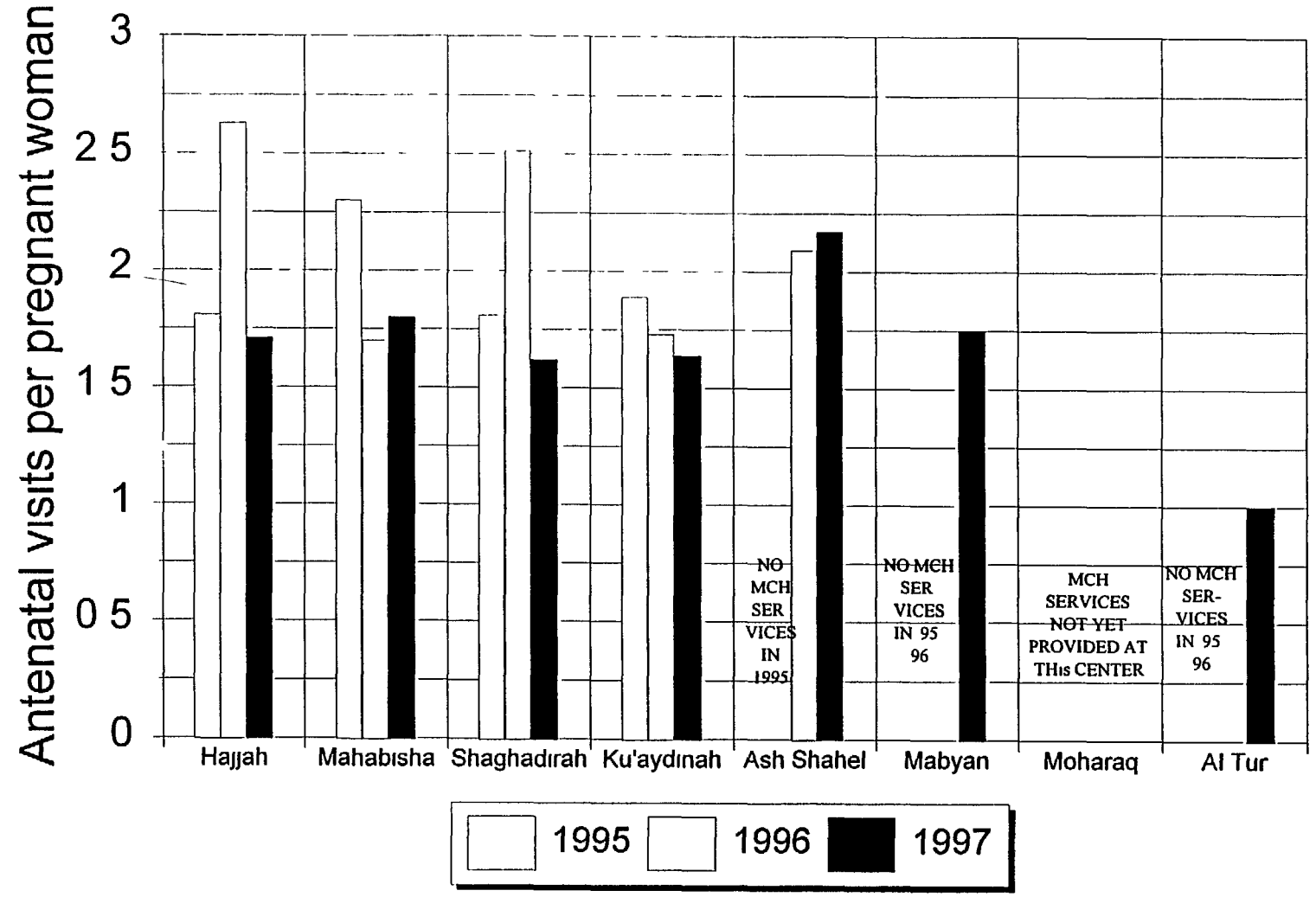
Graph C-1


Hajjah Completed DPT/Polio Series
at OFC-supported Health Centers
No. Children <1 completing series
1200
1000
800
600
400
200
0
Hajjah
Mahabisha
Shaghadirah
Ku'aydinah
Ash Shahel
Mabyan
Moharaq
Al Tur
1995
1996
1997

Graph C-2

Hajjah Antenatal Visits per Woman

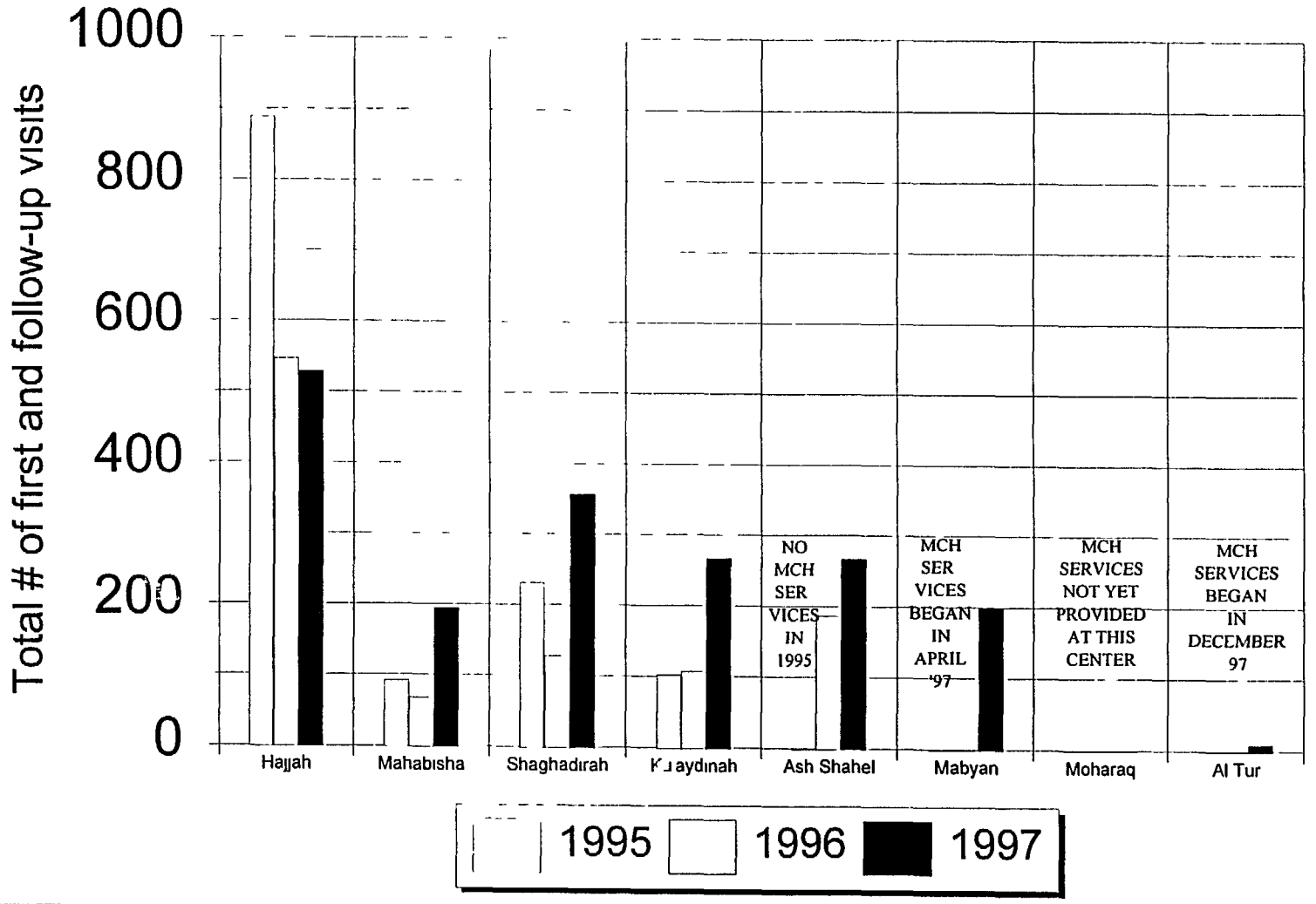
at OFC-supported Health Centers



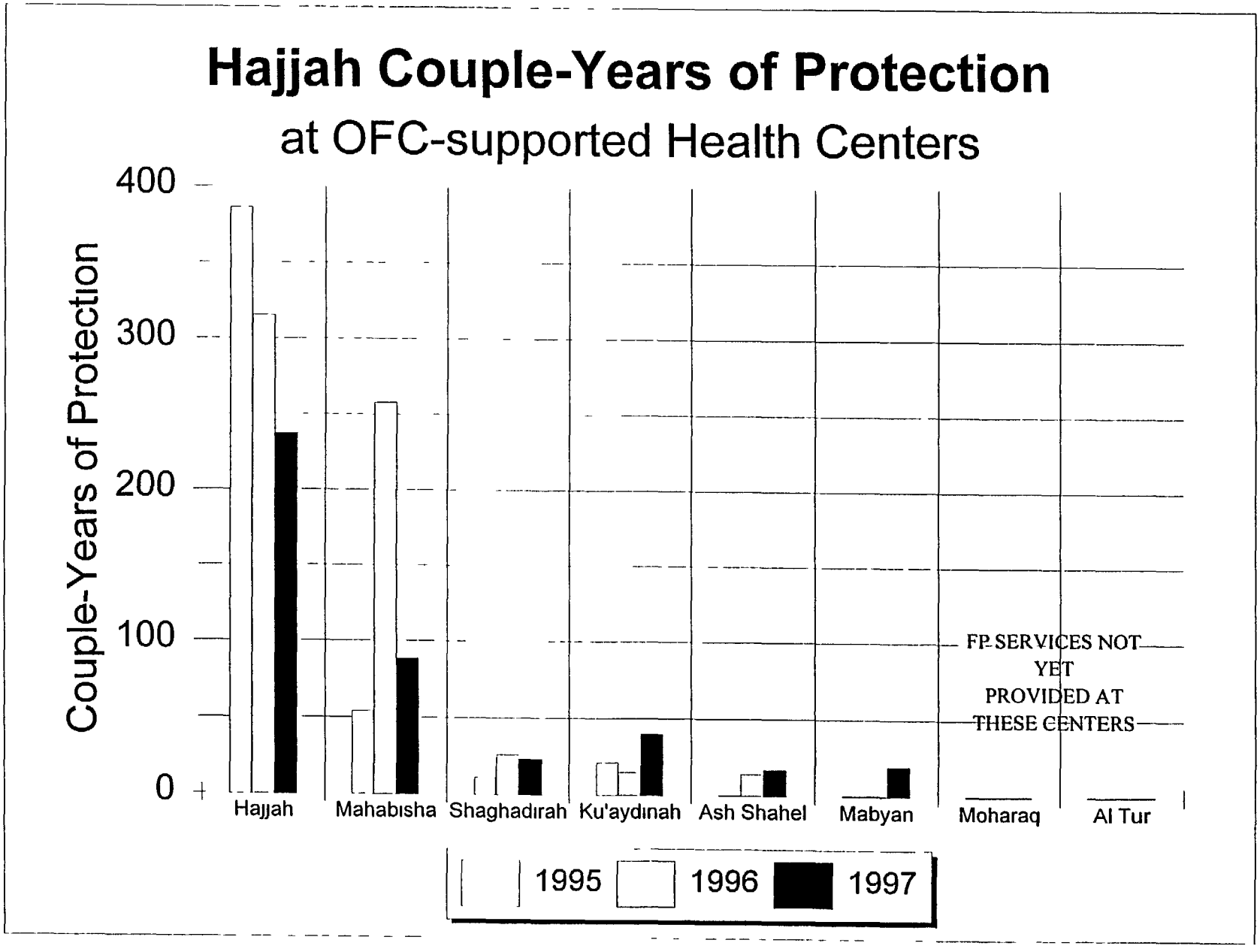
Graph C-3

Hajjah Antenatal Visit Volume

at OFC-supported Health Centers



Graph C-4

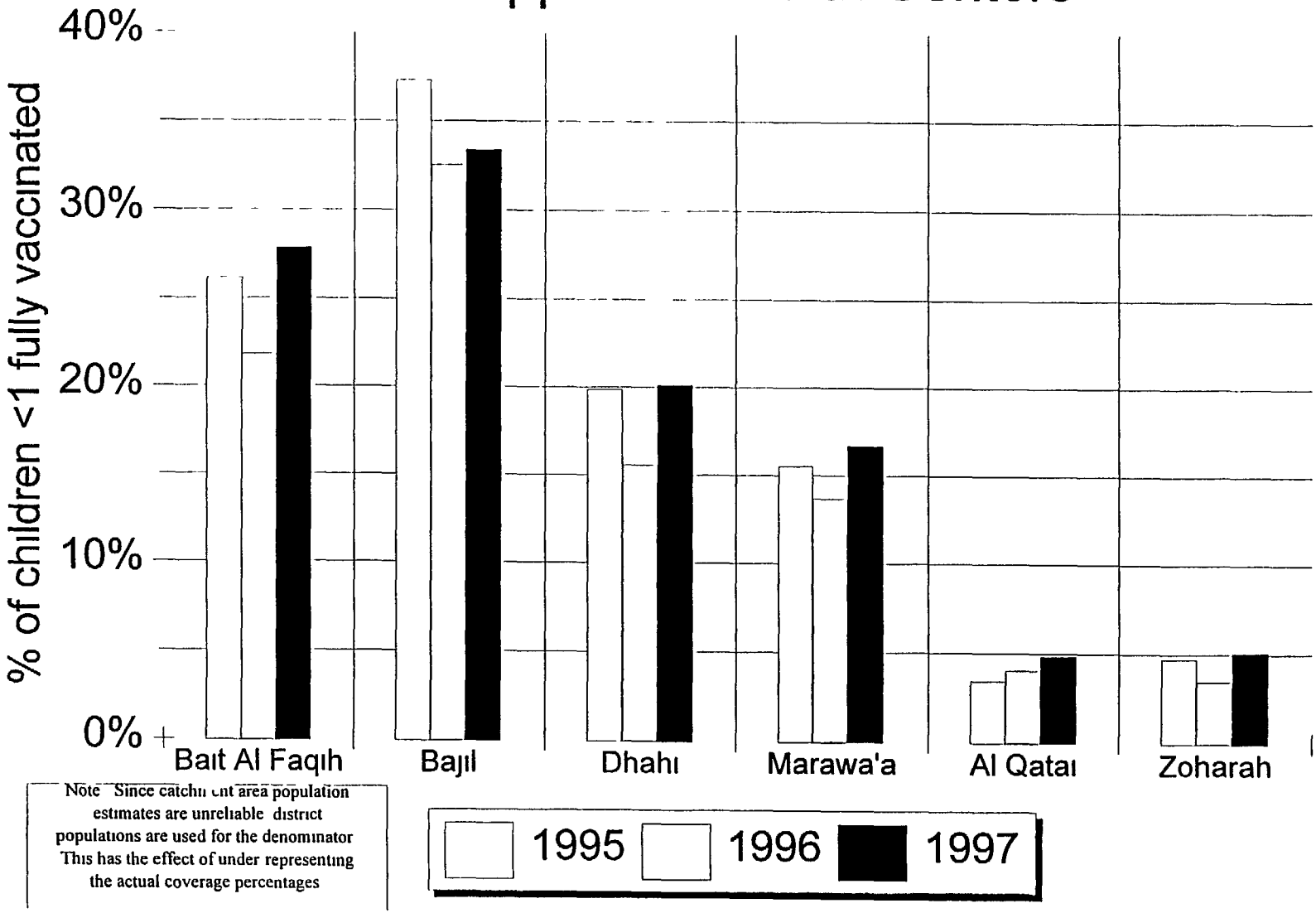

Hajjah Couple-Years of Protection
at OFC-supported Health Centers
Couple-Years of Protection
400
300
200
100
0
Hajjah
Mahabisha
Shaghadirah
Ku'aydinah
Ash Shahel
Mabyan
Moharaq
Al Tur
FP SERVICES NOT YET PROVIDED AT THESE CENTERS
1995
1996
1997

Graph C-5

COMPARATIVE DATA
BY HEALTH CENTER
HODEIDAH GOVERNORATE
1995-1997

Hodeidah DPT/Polio Coverage

at OFC-supported Health Centers

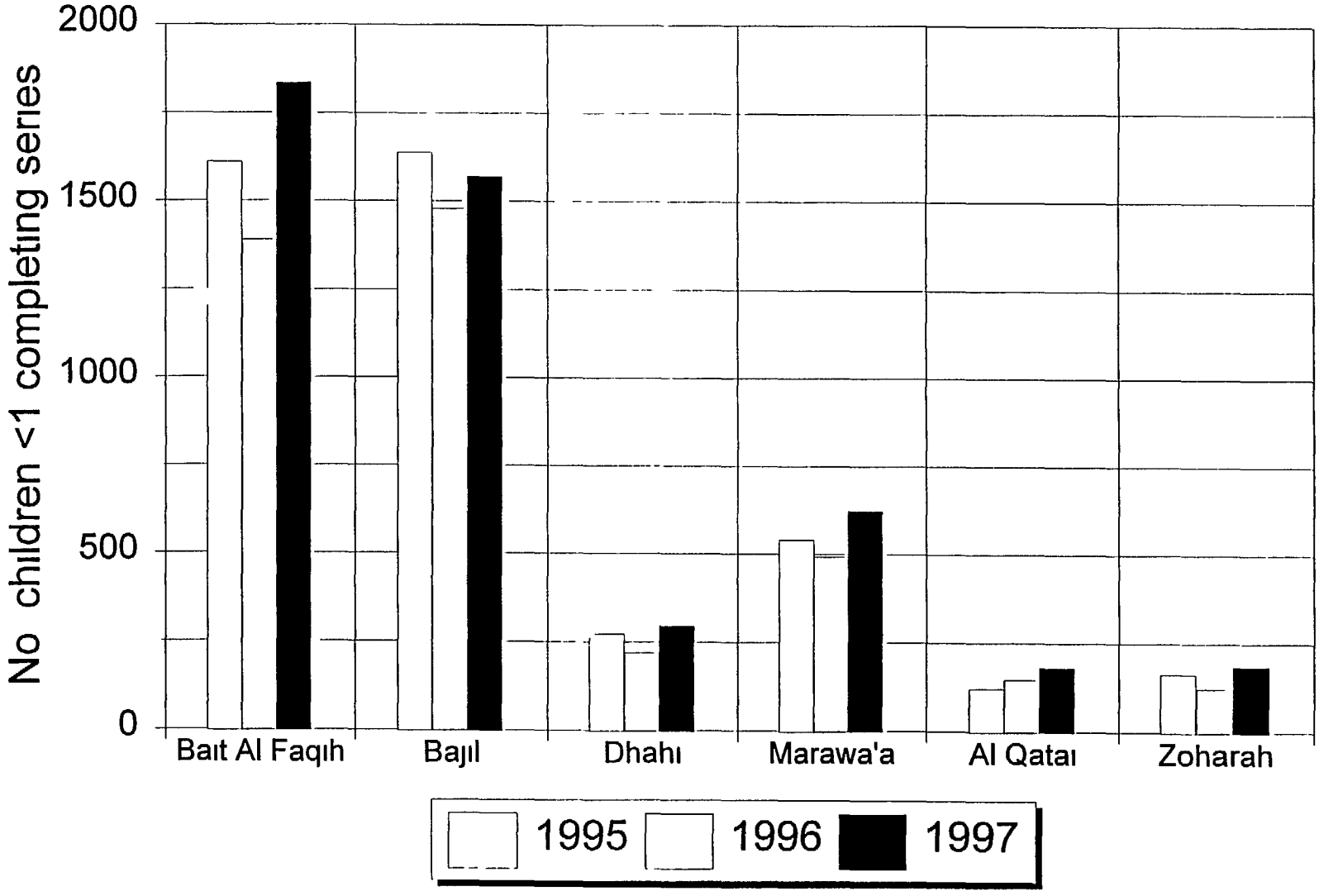


Note: Since catchment area population estimates are unreliable district populations are used for the denominator. This has the effect of under representing the actual coverage percentages

Graph D-1

Hodeidah Completed DPT/Polio Series

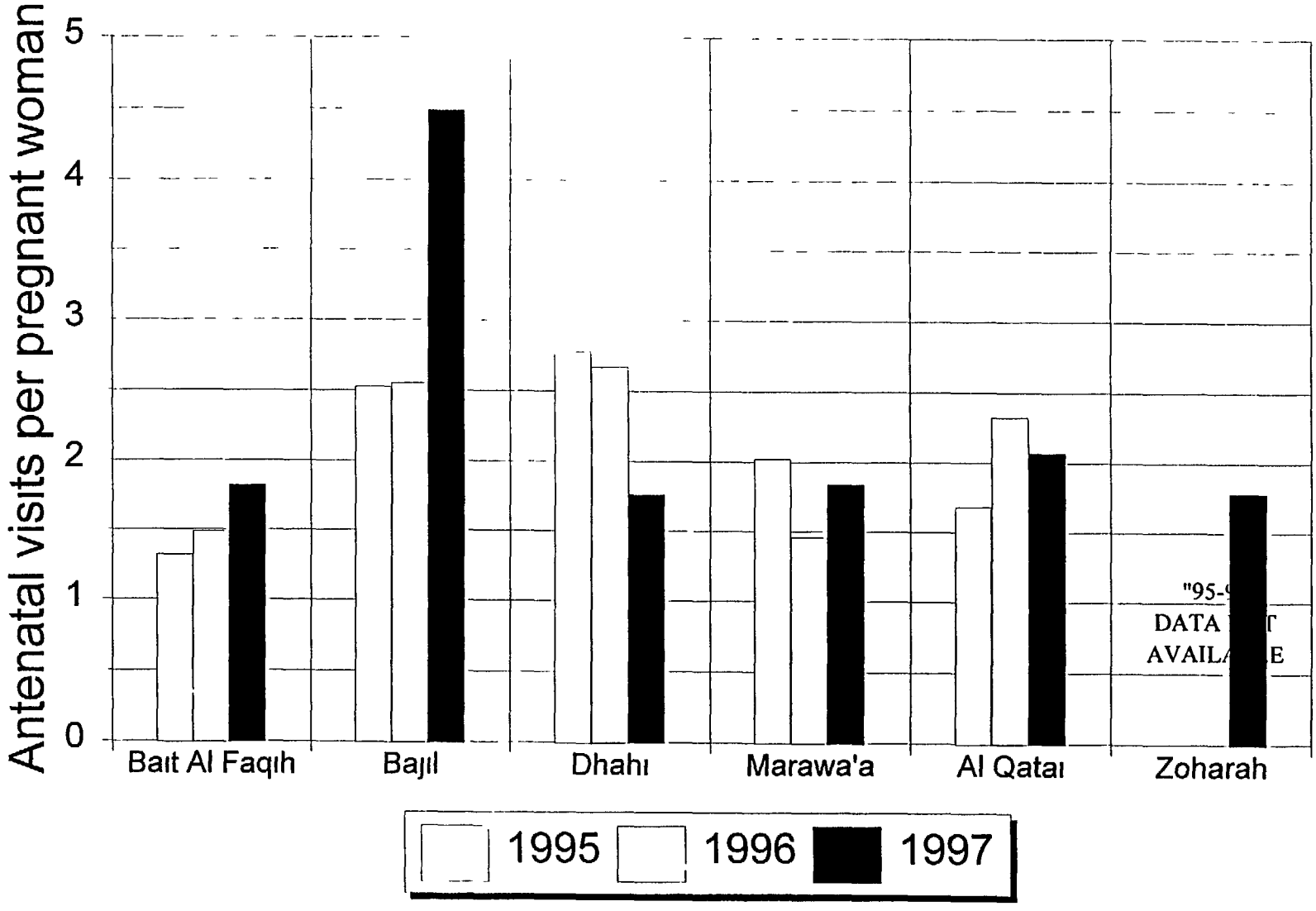
at OFC-supported Health Centers



Graph D-2

Hodeidah Antenatal Visits per Woman

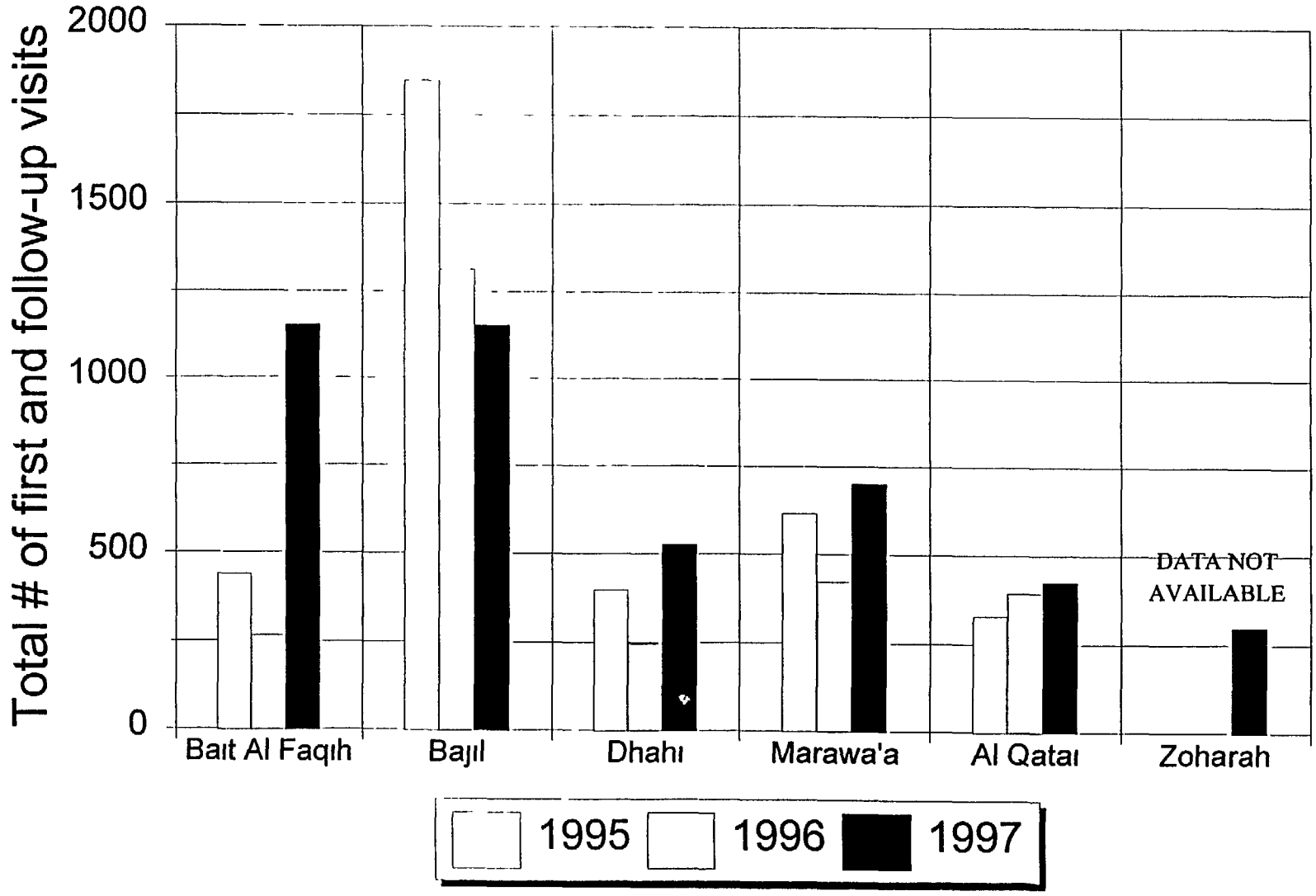
at OFC-supported Health Centers



Graph D-3

Hodeidah Antenatal Visit Volume

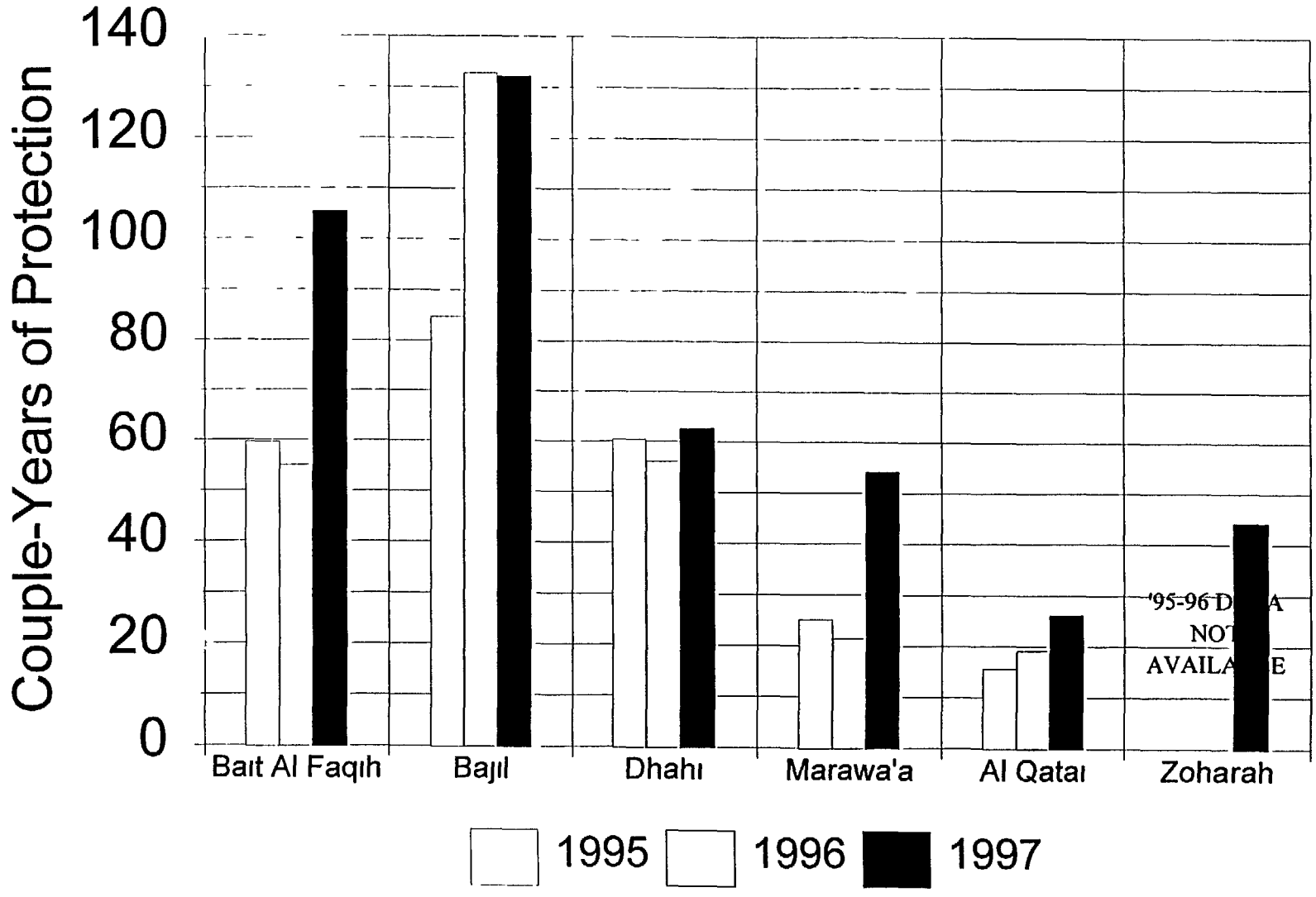
at OFC-supported Health Centers



Graph D-4

Hodeidah Couple-Years of Protection

at OFC-supported Health Centers



Graph D-5

Appendix 2

Annual Inventory Report

ANNUAL REPORT OF GOVERNMENT PROPERTY IN CONTRACTOR'S CUSTODY

John Snow, Inc
Options for Family Care
Project 5045

As of December 31, 1997

	Motor Vehicles	Office Furniture and Equipment	Residential Furniture	Other Non-Expendable Property
A. Value of property as of last report	$164,855 00	$101 641 35	$78,058 61	$36,053 00
B Transactions during this reporting period				
1 Acquisitions (add)				
a Purchased by contractor	$26 500 00	$2 682 00	$0 00	$49 230 00
b Transferred from USAID	$0 00	$1 356 65	$4 584 39	$0 00
c Transferred from others without reimbursement	$0 00	$0 00	$0 00	$0 00
2 Disposals (deduct)				
a Returned to USAID	$0 00	$0 00	$0 00	$0 00
b Transferred to USAID	$0 00	$0 00	$0 00	$0 00
c Transferred to Other Gov t agencies	$0 00	$0 00	$0 00	$0 00
d Other disposal	$24 358 00	$3 560 00	$0 00	$0 00
C Value of property as of reporting date	$166 997 00	$102 120 00	$82 643 00	$85 283 00
D Estimated average age of contractor held property	8 years	2 5 years	6 years	2 years

Options for Family Care
Inventory Report for Non Expendable Property

Category Vehicles and Other Non Expendable Property

4/6/98

Name of Item/ Description	No of Items	Location	Tag No	Serial No	Date Shipped	Date Received	Condition Received	Current Condition	Source/ Origin	Cost Unit	Cost Total
Ford Explorer XLT Plate No 2417		AMO Sana a		Chassis #91600	Oct 96 (ordered)	12-Jan 97	New	Excellent	Yemen/USA		$27 500
Toyota Land Cruiser 1986 Plate No 976	1	Lahej		Chassis #84271 Engine #174980		6/1/96	Fair	Good	UAE/Japan		$22 340
Toyota Land Cruiser 1988 Plate No 517	1	Sana a (Hijacjacked on 3/5/97)		Chassis #192975 Engine #194790	From USAID	Jun 95	Good	Good	UAE/Japan		$24 358 ($24,358)
Toyota Land Cruiser 1988 Plate No 921	1	Hajjah		Chassis #097647 Engine #205778		Jun 95	Good	Good	UAE/Japan		$22 371
Toyota Land Cruiser 1987 Plate No 1600	1	Hodeidah		Chassis #072985 Engine #149333		Aug 95	Good	Good	UAE/Japan		$22 000
Toyota Land Cruiser 1989 Plate No 1651	1	Mukulla		Chassis #116684 Engine #246084		Aug 95	Good	Good	UAE/Japan		$23 946
Toyota Land Cruiser 1989 Plate No 1652	1	Sana a		Chassis #103638 Engine #0219630		Aug 95	Good	Good	UAE/Japan		$22 340
Toyota Land Cruiser 1997 Plate No 2691	1	Sana a		Chassis # 5006999 Engine # 311410		Jul 97	New	Excellent	Yemen/Japan		$26 500
Air Conditioners Sharp Dining room (1 5 Ton) Living Room (1 5 Ton) Master Bedroom (1 5 Ton) Office (2 0 Ton) Yvonne s Office (2 0 Ton) Bedroom (1 5 Ton)	6	Mukulla	 20 21 22 25 26 27			Oct 95 Oct. 95	New New	New New	Yemen/Japan Yemen/Japan	$847 50 $690	$1 695 $2 760
27KVA Generators Catepillar olympian Model GEP 30 Diesel	3	Sana a Hodeidah Mukulla			Apr 96	Apr 96	New	Good	Dubai/USA	$8 899 33	$26 698
MAJ 9KVA Generator	1	Hajjah Health Office			Mar 96	Mar 96	New	Good	Yemen/Japan		$4,900
MAJ 9KVA Generators	3	Mukalla Lahaj Hajjah			Mar 97	Mar 97	New	Excellent	Yemen/Japan	$4 500	$13 500
MAJ 12 5KVA Generators	1	Hodeidah			Mar 97	Mar 97	New	Excellent	Yemen/Japan		$4 800

Options for Family Care
Inventory Report for Non Expendable Property

Category Vehicles and Other Non Expendable Property

4/6/98

Name of Item/ Description	No of Items	Location	Tag No	Serial No	Date Shipped	Date Received	Condition Received	Current Condition	Source/ Origin	Cost Unit	Cost Total
Sony Televideo 21 Model 21VM5MT	6	HMI Hajjah	235		Mar 97	Mar 97	New	New	Yemen/Japan	$825	$4 950
Panasonic TelVid 21 Mod 21SV10S	6	Mabyan	236		Mar 97	Mar 97	New	New	Yemen/Japan	$745	$4 470
		Al Tour (Bani Qais)	237								
		Al Muharaq	238								
		HMI Lahaj	240								
		HMI Mukalla	241								
		HMI Seyoun	242								
		Al Marawa a	243								
		Al Zohra	244								
		Bail Al Faqih	246								
		Hajjah HO	247								
		Sana a	281								
Dopplers	30	Lahaj (7)	248 277		May 97	Jun/Jul 97	New	New	USA/USA	$555	$16 650
		Hadhramout (9)									
		Hajjah (7)									
		Hodeidah (7)									
Air Conditioners Sharp	7	Hodeidah SLoli				May 96	May 96	New	Yemen/Japan	$540	$4 860
(All 9 A/C s are 1 5 Ton each)	2	Hodeidah Office									
AIWA Televideo 20 , Model VXT2040	5	Sana a Storage			Dec 97	Dec 97	New	New	Yemen/Japan	$449	$2,245
TOTAL VEHICLES & OTHER PROPERTY (12/97)											$264,525
LESS PROPERTY UNDER $500 00											($2 245)
NET VEHICLES & OTHER PROPRTY VALUE (12/97)		$252,280 00									$262 280
SUMMARY BY EQUIPMENT TYPE											
TOTAL VEHICLES		$166,997 00									
TOTAL OTHER EQUIPMENT		$85,283 00									

The file that we received from USAID regarding this vehicle is incomplete It lacks documents such as the bill of sale and the customs manifest that are considered to be very essential Therefore the information provided above is derived from other available sources and could be used for inventory and other record purposes

Options for Family Care
Inventory Report for Non-Expendable Property

Category: Residential Furniture/ Appliances

4/6/98

Name of Item/ Description	No of Items	Location	Tag No	Serial No	Date Shipped	Date Received	Condition Received	Current Condition	Source/ Origin	Cost Unit	Cost Total
Sofa Set	1 5 1 1	Sana a TDY Apt Sana a -Storage Hajjah - Weinstock Mukulla	6 132 143 18			Apr 95 Aug 96 Jan 96 Nov 95	Good Good Good New	Good Good Good Good	USAID/USA USAID/USA USAID/USA USAID/USA	1738	$13 905
Sofa Set (4 pieces)	4	Sana a Hardy Apt Hodeidah Loli Hajjah (3 pieces) Sana a DPenney			Apr 96	Apr 96	New	Good	Dubai/USA	3123	$12 493
China Cabinet w/Base	1 4 1 1	Sana a TDY Sana a Storage Mukulla Hajjah	7 131 144 19			Apr 96 Aug 96 Nov 95 Jan 96	Good Good Good New	Good Good Good Good	USAID/USA " USAID/USA "	$539 43	$3 776
Madison Dining Room Set (table + 10 chairs china cabinet side board)	1 1 1 1	Sana a Hardy Apt Hodeidah - Loli Sana a DPenney Sana a storage			Apr 96	Apr 96	New	New	Dubai/USA " "	4 794	$19 178
Master Bedroom Suite	1 1 2	Sana a Hardy Hodeidah Loli Sana a storage			Apr 96	Apr 96	New	New	Dubai/USA	3 013	$12 054
Hamilton Writing Desk	2 2 1	Sana a Hardy Hodeidah Loli Sana a Storage			Apr 96	Apr 96	New	Good	Dubai/USA	$547	$2 735
Freezer GE	1 7	Sana a TDY Apt Storage Sana a	3 133			Dec 95 Apr 95	Good New/Good	Good New/Good	USAID/USA	$549	$4 392
Gibson Refrigerator	4	Sana a Hardy Hodeidah Loli Hajjah Weinstock Sana a Storage (Traded)				Feb 96 Nov 97	New New	Good New	Yemen/USA Yemen/USA	$900	$3 600 ($900 00)
Goldstar Refrigerator	1	Sana a Penney				Nov 96	New	New	Yemen/Korea		$325
GE Refrigerator	1 1 4	Sana a TDY Apt Mukulla Storage Sana a	1 14	TZ586417 TZ586472 TZ586752		Apr 95 Nov 95 Aug 96	Good Good Fair	Good Good Fair	Yemen/USA USAID/USA	$693	$4 158

Options for Family Care
Inventory Report for Non-Expendable Property

Category: Residential Furniture/ Appliances

4/6/98

Name of Item/ Description	No of Items	Location	Tag No	Serial No	Date Shipped	Date Received	Condition Received	Current Condition	Source/ Origin	Cost Unit	Cost Total
Dryer GE	1	Hajjah Weinstock				May-96	New	New	Yemen/USA		$500
	1	Sana a Hardy Apt	134	TZ401391A		Jun 95	Good	Good	USAID/USA	$346	$2 076
	1	TDY Apt.	5	06831G		Apr 95	Good	Good			
	1	Mukulla -	16	RZ400847A		Nov 95	Good	Good			
	3	Storage Sana a	138			Aug 96	Fair	Fair	USAID/USA		
Washing Machine GE	1	Hodeidah SLoli				May-96	New	New	Yemen/USA	$675	$1 350
	1	Hajjah Weinstock				May-96	New	New			
	1	Sana a Hardy Apt	135	VZ400789A		Jun 95	Good	Good	USAID/USA	$409	$2 454
	1	TDY Apt.	4	TZ24004007		Apr 95	Good	Good			
	1	Mukulla	17	FBS94502		Nov 95	Good	Fair			
	3	Storage, Sana a	139	FSI03571G		Aug 96	Fair	Fair			
Cooking Range Gibson	4	Sana a Hardy Hajjah Weinstock Hodeidah - SLoli Sana a Storage				Feb 96	New	New	Yemen/USA	$650	$2 600
Cooking Range GE Electric	3	Sana a storage	49	VZ2176246		Oct. 95	Good	Good		$531	$1 593
		TDY Apt	2	VZ2151690		Apr 95	Good	Good			
		Mukulla	15	VZ217658G		Nov 95	Good	Good			
Cooking Range Tecnogas	1	Sana a DPenney				Nov 97	New	New	Yemen/Italy		$272
Wardrobe	4	Hajjah Guest House				Nov 95	New	New	Yemen/Yemen	$266	$1 596
Wardrobe	2	Mukulla Guest House	24?								
Television National	1	Sana a - TDY Apt.				Apr 95*	Good	Good	Yemen/Japan	1209	$1 209
TOTAL RESIDENTIAL INVENTORY (12/97)											$89 366
LESS PROPERTY UNDER $500 00											($6 723)
NET RESIDENTIAL PROPERTY VALUE (12/97)											$82 643

Options for Family Care
Inventory Report for Non-Expendable Property

Category Office Equipment and Furniture

4/6/98

3

Name of Item/ Description	No of Items	Location	Tag No	Serial No	Date Shipped	Date Received	Condition Received	Current Condition	Source/ Origin	Cost Unit	Cost Total
Computer-Gateway 2000 Model BABY	9	Sana a Secretary	104	3665838	8/21/95	9/16/95	New	Good	Yemen/USA	$2 606	$20 848
		Accountant	108	3665839							
		Ex-Office Manager	110	3665833							
		Lahej	115	3665837							
		Hajja	118	3665834							
		Sana a Prog Specialist	120	3665835							
		-Clinical Advisor	122	3663836							
		Mukalla	8	3665832							
		Sana a New Office Manager	278	3665840	9/1/97	9/1/97				$2 606	$2 606
Gateway 2000 P120MG	3	NPC	29	4690968	May-96	Jun 96	New	Excellent	USA/USA	$2 355	$7 067
		Sana a	36	4690966							
		Hodeidah	38								
Monitors Gateway 2000 Model LX1451	9	Sana a -Secretary	105	MA1894001251	8/21/95		New	Good	Yemen/USA	cost included in K5 above	
		Accountant	109	MA1894003939							
		Ex-Office Manager	111	MA1894002270							
		Lahej	116	MA1894001259							
		Hajja	119	MA1894001256							
		Sana a Program Spec	121	MA1894001255							
		New Office Manager	279								
		-Clinical Adv	123	MA1894002264							
		Mukalla	9	MA1894003937							
Monitors Gateway 2000 Vivitron 15	3	NPC	29	8343272	May-96	Jun 96	New	Excellent	USA/USA	cost included in K5 above	
		Sana a	37	8343270							
		Hodeidah	39								
COMPAQ Laptop Contura 410C	4	Sana a (office)	101	7522HPM41110	9/27/95	10/4/95	New	Good	Yemen/USA	$2 700	$10 800
		Sana a (Debra)	102	7522HPM41211							
		Hajjah	130	7528HPM41126							
		Hadhramout	12	7522HPM41187							
Dell Laptop Latitude XPi P75D	3	NPC	28	E2KXPP75 90	May 96	Jun 96	New	Excellent	USA/USA	$2 806	$8 419
		Sana a (Tom)	34								
		Sana a (office)	35								
IBM Thinkpad Laptop Computer	1	Hodeidah		1955DAN56K		Apr 96	Good	Good	USAID	N/A no price provided	
Dell Laptop Computer Latitude LX	1	Hodeidah			Aug 95	Oct 95	New	Good	USA/USA		$2,752
HPLaserJet 4 Plus Printer	3	NPC	31	USFNO11726	May-96	Jun 96	New	Excellent	USA/USA	$1 510	$4 530
		Sana a (Office 1st floor)	40								
		Lahej	41								
HP Laser Jet 4 Plus Printer	4	Sana a (Office-Ground floor)	106	JPFQ007718	10/3/95	11/12/95	New	Good	Yemen/USA	$1 980	$7 920
		Hajjah	125	JPFR024808							
		Hodeidah	126	JPFR024809							
		Mukalla	10	JPFR024807							
HP Desk Jet 320 Ink Printer	4	Hodeidah	124		9/27/95	10/7/95	New	Good	Yemen/USA	$450	$1 800
		Sana a	13	MY52M2P10Y							
		Sana a	42								
		Sana a	43		12/22/95	Apr 96					

Options for Family Care
Inventory Report for Non Expendable Property

Category Office Equipment and Furniture

4/6/98

Name of Item/ Description	No of Items	Location	Tag No	Serial No	Date Shipped	Date Received	Condition Received	Current Condition	Source/ Origin	Cost Unit	Cost Total
HP Scanner 4 PLVS	1	Hajjah			NA	Oct 96	New	Good	USA/USA	$210	$210
XEROX Photocopier 5328	1	Sana a	103			7/4/95	New	Good	Yemen/USA		$6,480
XEROX Photocopier 5316	4	Hodeidah	112			9/27/95	New	Good	Yemen/USA	$3560	$14 240
		Hajjah (stolen in hijacked car)	113								($3 560)
		Lahej				Jun 96	New	Good	Yemen/USA		
		Mukalla	11			9/27/95	New	Good	Yemen/USA		
XEROX Photocopier 5208	1	Hajjah				9/27/95	Poor	Good	Yemen/USA	N/A no price provided	
XEROX Plain Paper Fax	1	Sana a	114			7/4/95	New	Good	Yemen/USA		$2,650
XEROX 6001 Typewriter	1	Sana a	106			7/8/95	New	Good	Yemen/USA		$800
Kodak Slide Projector	1	Sana a				9/30/96	Good	Usable	USAID		$500
Kindermann Slide Projector	1	Sana a	128			6/19/95	Fair	Usable	USAID		$843
Portable Overhead Projector 3M	1	Sana a				Jun 95	Good	Usable	USAID		$550
Overhead Projector Buhl	1	Sana a	127			6/19/95	Good	Usable	USAID		$815
Safe	1	Sana a				Aug 96	Good	Good	USAID		$739
	1	Sana a	144			6/19/95	Good	Good	USAID		$739
Sofa (Love seat)	1	Sana a	129			6/19/95	Good	Usable	USAID		$688
Panasonic Fax KXF130BX	4	Hajjah				Jun 96	New	Good	Yemen/USA	$400	$1 600
		Hodeidah									
		Lahej									
		Mukalla									
Trace Inverter	1	Sana a	280	AB00211		Oct 95	New	New	New		$2 682
UPS Amer Power Converson 600	4	Sana a				Oct 96	New	Good	Yemen/USA	$475	$1 900
UPS Amer Power Conversion	1	Lahej				Aug 96	Good	Good	USAID		
UPS Amer Power Conversion 400	1	Sana a	45	B93030145087		6/15/96	Good	Good	USAID		
UPS Omnipro	1	Hodeidah	44			6/25/96	New	New	Yemen/USA		$599
UPS Amer Power Conversion	1	NPC	33	B93030145143		6/15/96	Good	Good	USAID		
Boxlight Self Projection Unit w/ carrying cases	1	NPC	32	4M00951	May-96	Jun 96	New	Excellent	USA/USA		$7 913
Sony Trinitron TV Multisystem	1	Sana a	50	2030370		Sept. 96	Good	Good	USAID		$450
VCR National Multisystem	1	Sana a	51	F9MA02867		Sept 96	Good	Good	USAID		$375
TELEX Caramate Slide Projector/Tape	1	Sana a				Sept 96	Fair	Fair	USAID		$500

Options for Family Care
Inventory Report for Non Expendable Property

Category Office Equipment and Furniture

4/6/98

Name of Item/ Description	No of Items	Location	Tag No	Serial No	Date Shipped	Date Received	Condition Received	Current Condition	Source/ Origin	Cost Unit	Cost Total
USED COMPUTER EQUIPMENT TRANSFERRED FROM USAID											
MONITORS						Aug 96			USAID		
IBM personal/2 Color Display	5	Sana a storage					Fair	Good		N/A no price provided from USAID	
Magitronic Color Display	1	Sana a office					Fair	Good			
	1	Hodeidah Health Office					Fair	Good			
PS/VP Color	1	Sana a storage					Fair	Good			
IBM Keyboard 102	1	Sana a Office				Aug 96			USAID	N/A no price provided from USAID	
	1	Hodeidah Health Office									
	6	Sana a storage									
CPU s						Aug-96			USAID	N/A no price provided from USAID	
IBM personal system/2 Model 55SX	2	Sana a storage					Fair Broken	Good Unusable			
IBM personal system/s Model 50Z	1	Sana a storage					Fair	Good			
IBM personal system/2 Model 60	1	Sana a storage					Fair	Good			
IBM PS/VP 325 T/S	1	Sana a storage					Fair	Good			
Magitronic 486 DLC-40	1	Sana a office					Fair	Good			
	1	Hodeidah Health Office					Fair	Good			
PRINTERS						Aug 96	Fair	Good	USAID	N/A no price provided from USAID	
HP Laser Jet 4L	1	Hodeidah Health Office					Fair	Good			
	1	Sana a storage					Fair	Good			
IBM 2390	1	Sana a storage					Fair	Good			
IBM 5202	2	Sana a storage					Fair	Good			
IBM Proprinter XL24	2	Sana a storage					Fair Broken	Good Unusable			
IBM personal wheel writer	1	Sana a storage					Fair	Good			
OFFICE INVENTORY VALUE (12/97)											$108 455
LESS PROPERTY UNDER $500 00											($6 335)
NET OFFICE PROPERTY VALUE (12/97)											$102 120
EVEN THOUGH THE TRACE INVERTER WAS RECEIVED IN SEPTEMBER 1995 BUT IT WAS NEITHER RECORDED NOR REPORTED UNTIL DECEMBER 1997											

Appendix 3

Plan for Practical Training in Deliveries for Community Midwife Trainees

PLAN FOR RELOCATION OF STUDENTS FOR PRACTICAL TRAINING

The practical portion of the community midwife training is the culmination of the major theoretical parts of the training One of the most important aspects is the intensive training in assisting women in birth which includes the management of labor, use of the partograph, attending the delivery, repair and suturing, preventing hemorrhage, assessment of the newborn and initiating breast feeding Along with this, is the daily clinical practice of MCH activities such as family planning, child growth monitoring, treatment of minor illnesses, prenatal care, vaccination, and outreach This intensive time of practical training is the piece which qualifies them to deliver these services as an independent providers, and will give credence to their status as qualified providers in their communities It is typical that the most important parts of the training will also take the greatest amount of effort, time and finances The plan for this training, is designed to optimize two efforts One is to continue the services at the local level, and the second is to provide a means to complete the training This plan will slightly extend the time needed to complete the training, and therefore, will impact the cost

The following principles will guide the training time

1-Students and trainers at each decentralized training site will be split into two groups one remaining to give continuity to services, and the relocating for a set time in a different place for training

2-Those remaining will continue to intensify efforts in outreach so as to increase the services in the area, and to acquire as many deliveries as possible

3-At a certain time, the first group sent to do deliveries will return and the second group with the trainer will relocate in a designated place to participate in the training The same emphasis on outreach and service improvement will continue in the original site

4-In order to have two trainers available to cover night and day shift two sets of training groups are combined in one training site whenever possible Where this is not possible an additional staff person will be asked to cooperate in supervision of the students

5-Students will rotate throughout the services at any given site Schedules will be drawn up by the trainers and the numbers of services will also be recorded for each student

Obtaining Sites for Training

Initial assessment of possible sites is carried out by the clinical and training teams An acceptable site will have

1-All MCH services and an adequate number of deliveries to accommodate a large number of students

2-Staff that is willing to cooperate with student training, and preferably has had students in the past

3-Preferably site is located in the governorate or is near to supervising activities

4-As time permits students will be do a portion of their training in tertiary centers in order to have a complete picture of complications and their management

5-Hadramout training in Mukulla and Seyun will not need to relocate in order to participate in 20 deliveri s, or other MCH services

Student Conditions for Participation in Training

1-Students must have passed all tests up unto the point of the practical training

2-Families of the students must agree to the relocation for training and allow their daughters permission to attend

OFC Responsibilities

1-Locate acceptable training sites
2-Design a schedule for trainers and trainees for each site
3- Inform the governorate DG, HMI and MCH of the schedule and site for each group of trainees
4-Provide transportation to and from the site and minimum basic housing at the site
5-Provide supervision of the training at all given sites

Schedule of Training Activities

The training schedule is a best approximation of time needed for students to acquire 20 deliveries each Calculated into this is the number of deliveries conducted monthly at the site, and the number of students participating (both ours and other training groups) These are variables which may dictate small changes in the schedule

All groups of community midwifery training will have completed the necessary units by mid-April and will be ready to participate in deliveries Upgrade training in Mohabisha is scheduled to begin in May, according to their curriculum Murshidaat training from Attur will be ready in June A site will be available by mid-June for these participants Muharraq murshidaat training will not be planned for since the project will not be implementing activities when this group meets the curriculum requirements for deliveries

Budget

Based on initial need assessment, the budget is 2,273,000 YR equivalent to $17,220 US which is lower than previously budgeted ($20,000 US)

STUDENT RELOCATION SCHEDULE

FIRST GROUP			SECOND GROUP		THIRD GROUP		FOURTH GROUP	
LOCATION	**TRAINEF GROUP**	**TIME**	**TRAINEE GROUP**	**TIME**	**TRAINEE GROUP**	**TIME**	**TRAINEE GROUP**	**TIME**
SANA'A (Sabaeen 260)	Shaghadirah (9)	April 25-May 25	Shaghadirah (9)	26 May-26 June	Zoharah (9)	27 June-27 July	Zoharah (9)	27 July-Aug 31
HODEIDAH (Althawra 270)	Marawa'a (10) Bait AlFaqih (8)	April 13-May 30	Marawa'a (10) Bait alFaqih (8)	June 1-July 15	Mabeyan (9) Kuaydinah (9)	July 17-Aug 31		
ABS (80)	Mohabisha (8)	May 17-June 25	Mohabisha (8)	June 27-July 31				
RADA'A (120)	Attur (10)	June 1-July 15	Attur (10)	July 18-Aug 31				
AMRAN (100)	Mabeyan (9) Kuaydinah (9)	April 13-July 15						

Mohabisha group (upgrading) is scheduled for 10 deliveries per student All other dates are calculated according to 20 deliveries per student

Appendix 4

List of Health Units and Associated Equipment

MASTER LIST OF HEALTH UNITS IN OFC-SUPPORTED DISTRICTS

	EXISTING BUILDING?	CURRENTLY PROVIDING MCH SERVICES?	NUMBER OF TRAINEES IN OFC - SUPPORTED TRAINING CENTER
HADRAMAUT			
Shaher District			
Halfoon	YES	NO	1
Thoban	YES	NO	1
Al Magad	YES	NO	1
Aref	YES	NO	1
Hagab	YES	NO	1
Ghail Bin Yomain	YES	NO	1
Al Gharbia	YES	NO	1
Tukulla District			
Al Garah	YES	YES	1
Al Naga'a	YES	NO	1
Old Fowah	YES	NO	1
Broom	YES	NO	1
Hajer District			
Maifa	YES	NO	2
Dowan District			
Al Hajrain	YES	NO	2
Seyoun District			
Al Sowairy	YES	NO	3
Tarbeh Al Bilad	YES	NO	2
Tarbeh Al Wadi	YES	NO	1
Boor	YES	NO	1
Medoodeh	YES	NO	3
Al Hawtah	YES	NO	2
Seyoun City	YES	NO	1
UBTOTAL (HADRAMAUT)	20 (TOTAL UNITS)	20 (# "YES")	1 (# "YES") 28

MASTER LIST OF HEALTH UNITS IN OFC-SUPPORTED DISTRICTS

		EXISTING BUILDING?	CURRENTLY PROVIDING MCH SERVICES?	NUMBER OF TRAINEES IN OFC SUPPORTED TRAINING CENTERS
HAJJAH				
Mabyan				
	Ziba	YES	NO	2
	Marahbah	YES	NO	1
	Al-Obal	YES	NO	2
	Gailah	NO	NO	2
	Al Adbah	NO	NO	1
	Al Rasabah	NO	NO	2
	Banyaokab	NO	NO	2
Kuaydinah				
	Sawakh	YES	YES	2
	Algharby	NO	NO	2
	Arrawhnah	NO	NO	2
	Bani Fadail	NO	NO	2
	Haish	NO	NO	2
hagadirah				
	Galt Hamed	YES	NO	2
	Asawalemah	NO	NO	2
	Alawasem	YES	NO	2
	Algharib	YES	YES	1
	Almeswah	YES	YES	1
	Almadan	YES	YES	2
	Alaman Nagra	YES	YES	1
	Algailah Nagra	YES	NO	1
ani Qais				
	Almafra	YES	NO	2
	Algalooz	NO	NO	2
	Bani Eid	YES	NO	2
	Bani Saifan	YES	NO	2
	Bani Hafaq	NO	NO	2
Al Moharaq				
	Bani Hamala (Almargia)	YES	NO	2
	Bani Hamala (Almodaira)	YES	NO	1
	Khamsin (Moghassai)	YES	NO	2
	Khamsin (B Sirag)	YES	NO	2
	Bani Yos	YES	NO	2
	Herran	YES	NO	1
	Bani Harby	YES	NO	1
	Almashaim	NO	NO	2
Mahabisha				
	Bani Asad	YES	YES	6
	Ashogah	YES	YES	1
UBTOTAL (HAJJAH)		35 (TOTAL UNITS)	23 (# "YES")	7 (# "YES")	64

MASTER LIST OF HEALTH UNITS IN OFC-SUPPORTED DISTRICTS

		EXISTING BUILDING?	CURRENTLY PROVIDING MCH SERVICES?	NUMBER OF TRAINEES IN OFC - SUPPORTED TRAINING CENTER
HODEIDAH				
Bajil District				
Bajil Cement Factory		YES	YES	2
Kamaria		YES	NO	2
Al Obaal		YES	YES	2
Dyr Jaber		YES	NO	1
Al Bahah		YES	NO	1
Kadaf Zumila		YES	NO	1
Marawa'a District				
Al Mahad		YES	NO	1
Kasbasha		YES	NO	1
Khalifa		YES	NO	1
Zohorah District				
Al Noman		YES	NO	1
Al Mutaradh		YES	YES	2
Al Luhayah		YES	YES	2
Al Homasia		YES	NO	1
Al Kadan		YES	YES	4
Bait Al Faqih				
Al Ghozia		YES	NO	2
Al Abassi		YES	NO	2
Al Saeed		YES	YES	2
SUBTOTAL (HODEIDAH)	17 (TOTAL UNITS)	17 (# "YES")	6 (# "YES")	28
GRAND TOTAL (ALL GOVERNORATES)	72 (TOTAL UNITS)	60 (# "YES")	14 (# "YES")	120

Options for Family Care
Health Unit Equipment List

No	Equipment	أدوات طبيه	Qty
1	Basin wash, 4 Liter SS 315mm dia	حوض غسيل	1
2	Basin kidney 475ml SS 18/8 08mm	حوض لتطيف الحروح	1
3	Tray instrument w/cover 225x125x50	صيبية أدوات طبيه	1
4	Surgical scissors Straight 14 5cm SS	مقص طبي	1
5	Forceps Sterilizer Cheatle 270mm SS	ماسك تعقيم	1
6	Jar Forceps 114mm Deep 54mm dia	حافظ حموت	1
7	Jar Thermometer 25mmdia/ 54mmdeep	حافظ مقياس الحرارة	1
8	Thermometer clinical oral/farh scale	مقياس حراري للمرصى	2
9	Sphygmomanometer 300mgHg w/cuff	مقياس صعط	1
10	Stethoscope Binaural Unit complete	سماعة دات طبلتين	1
11	Stethoscope Feotal Pinard (1429)	سماعة أحنة	1
12	Mucus extractor 12 CH catheter/glass	شفاط	1
13	Apron utility opaque Plastic	ملاية بلاستيك	2
14	Brush Hand 90x40mm	فرش يد	2
15	Light Stand Mobile dia 320mm	لمبه متحركه	2
16	Scale Adult Metric 140kg	ميزان للكبار	1
17	Scale Infant Clinical metric	ميزان رضع	1
18	Scale Spring Baby w/trousers	قياس حلزوني للأطفال	4

Health Unit Equipment List (cont)

19	Sterilizer Dressing pressure(autoclave)	حهار تعقيم	1
20	Stool Revolving adjustable height	كرسي صعير متحرك	1
21	Catheter Urethral 16 " 14 FR, reusable	قسطرة	2
22	Two- burner gas stove	طباحة عار ابو عيبين	1
23	Examination bed	سرير فحص طبي	1
24	Utitlity table with shelf	طاوله استحدام	1
25	Buta-gas clylinder + hose and regulator	دبة عار + مطم + لي	1
26	120ml cotton container w/c (stainless steel)	أباء معدني + عطاء (١٢٠ملم)	1
27	Dressing forceps	ماسك محارحه	1
28	50ml plastic bottles with caps	قنينه بلاستيك + عطاء (٥٠ ملم)	2
29	Plastic sheets for exam Beds	عطاء بلاستيك لسرير المحص	2
30	Privacy Screens	ستائر حصوصية	1
31	Tape measures - 2 meter	شريط مقياس – ٢ متر	1

Appendix 5

Checklists for Indicators 2.1 and 2.2

MCH FACILITY AND EQUIPMENT SUMMARY CHECKLIST

GOVERNORATE _____ **DATE OF THIS ASSESSMENT** _____
HEALTH CENTER _____ **EVALUATOR(S).** _____

ITEM NO	CRITERION	SCORE (0 1 2)	NOTES/COMMENTS (continue on reverse if necessary)
1	At least six (6) rooms/areas available for MCH services each having appropriate furniture and sufficient space for comfortable movement of 4 people		
2	Each room/area contains basic equipment for delivery of service		
3	Essential materials available a Cleaning supplies b HMIS forms/cards/registers		
4	At least two (2) bathrooms available with a Adequate functioning fixtures b Daily cleaning		
5	Waiting area(s) available with space and seating appropriate for the center s caseload		
6	Doors and windows clean and unbroken with functioning latches		
7	Water available with functioning plumbing		
8	Electricity available with functioning outlets in each room		
9	Walls and floors in good epair with daily cleaning		
TOTAL SCORE			

Scoring 0 = Not acceptable (below minimum standards)
1 = Acceptable (meets minimum standards)
2 = Superior (exceeds minimum standards)

Highest possible score = 22 points
Minimum acceptable score = 11 points

MCH SERVICE QUALITY SUMMARY CHECKLIST

GOVERNORATE _____ **DATE OF THIS ASSESSMENT** _____
HEALTH CENTER _____ **EVALUATOR(S)** _____

ITEM NO	CRITERION	Regis tration	Pre natal Care	Deli very	Pre/ post Deli very	ORT/ Health Educ	Family Plan ning	Vacci nation	Infec tion Prev Area	NOTES/COMMENTS (continue on reverse if necessary)
1	Appropriate equipment furniture instruments and supplies available									
2	Adequate storage area and procedures for supplies and equipment									
3	Adequate conditions in the service delivery room or area water electricity doors and windows ventilation brightness of light cleanliness arrangement of furniture and equipment									
4	Adequate preparation of ins ruments tools equipment for work cleanliness sterilization as appropriate accessibility Replacement of instruments tools and equipment after use	Forms/ Files								
5	Adequate organization of client flow into and out of service area									
6	Appropriate behavior of service providers toward clients (courtesy and respect)									
7	Adequate level of privacy (sight and sound) for the service									
8	Appropriate and accurate recording of history and current service information									
9	Appropriate use of equipment tools and instruments in patient examinations									
10	Adequate and appropriate diagnosis and treatment accuracy of diagnosis appropriateness of care given appropriateness of referrals appropriate recommendations for self care and follow up									
TOTAL SCORE										GRAND TOTAL =

Scoring
0 = Not acceptable (below minimum standard)
1 = Needs improvement
2 = Acceptable (at minimum standard)
3 = Good
4 = Superior (well above minimum standard)
NA = Service not available at this site, or service not observed during this visit

Highest possible score = 288 points
Total possible points during this visit = [288 - (4 x number of items marked "NA ')]
Minimum acceptable score = 62 5% of total possible points during this visit
(Average score of 2 5 points per item)

Appendix 6

Additional Equipment Proposed for Purchase

ITEM	Unit cost	Health Center Quantity	Health Unit Quantity	Total Cost
⁻xygen cylinders and regulators for all delivery rooms Set of two cylinders, one regulator, one wrench, one trolley per center	$350 00	22	0	$7 700 00
ıgh quality file cabinets for registration rooms	$160 00	44	0	$7 040 00
Washing machines for center linens				
For hospital-based centers	$450 00	5	0	$2,250 00
For health centers	$350 00	17	0	$5,950 00
⌊uction apparatus	$500 00	22	0	$11,000 00
mall, two-burner gas stove	$72 00	22	60	$5,904 00
Buta-gas cylinder + hose and regulator	$35 00	22	60	$2,870 00
xamination bed	$106 00	0	60	$6,360 00
ı ltility table with shelf underneath (apprx 80 X 150 cm)	$110 00	0	60	$6,600 00
ı V/VCR combo	$449 00	12	0	$5,388 00
ortable megaphone or microphone w/ amplifier/speaker	$61 54	22	0	$1,353 85
Ext.a uniforms for trainees	$7 00	200	0	$1,400 00
/ater tanks for selected centers	$92 31	12	0	$1,107 69
⁻ arrels for incinerating waste	$17 00	22	60	$1,394 00
120ml cotton container with cover (stainless steel)	$5 38	0	60	$323 08
ressing forceps	$4 23	0	60	$253 85
50ml plastic bottles with caps	$0 06	0	120	$7 38
⌐lastic sheets for exam tables	$2 69	0	120	$323 08
rivacy screens	$53 85	44	60	$5,600 00
Oral thermometers	$1 15	0	82	$94 62
ape measures -- 2 meter	$0 77	0	60	$46 ⁻5
⁻evolving stools -- 360 mm diameter	$30 77	0	32	$984 62
Grand Total				$73,950 31